



UNEMPLOYMENT BENEFITS *In* *Michigan*

IMPORTANT INFORMATION about **Employer Filed Claims**

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES

January 13, 2003

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Do you have access to the Internet?

A Quick Overview

Benefit Rights and Responsibilities

Your new claim for unemployment benefits has been filed and processed through the Unemployment Compensation (UC) automated system. This booklet explains your rights and responsibilities concerning claiming and receiving payment of benefits. It tells you what you should know and do when you claim Michigan unemployment benefits. This booklet does not have the force of law or rule, but gives a general explanation of the more important parts of the law. **Read it carefully and keep it for reference.**

You will also receive in the mail a *Monetary Determination* (UC 1575C WR) explaining your benefit entitlement. The address of your Remote Initial Claim (RIC) Center is also on this form. You must call Michigan's Automated Response Voice Interactive Network (MARVIN) on your scheduled appointment day and time or on Thursday or Friday of your appointment week to certify/claim weeks of unemployment benefits and receive your checks. If you disagree with any part of your monetary determination, be sure to follow the instructions in **"Important! Protect your rights"** and **"Your protest and appeal rights."**

If you have questions or concerns or you want a more thorough explanation of the eligibility requirements, you may:

- Log on to the Bureau of Workers' and Unemployment Compensation Internet Website at www.michigan.gov/bwuc. Click on available links to view and/or print valuable unemployment compensation information.
- Call the Claimant Customer Relations HOTLINE at **1-800-638-3995**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

Unemployment benefits are paid to eligible workers if jobs cannot be found. The benefit cost is paid by employers. **There is no deduction from your paycheck for unemployment benefits.**

- Read this booklet carefully and keep it for reference so you will know your rights under the law, and what you should do each week you claim benefits.
- Give complete, correct and truthful answers at all times to all questions asked in writing, by a Bureau representative, and by Michigan's Automated Response Voice Interactive Network (MARVIN). There are severe penalties for making false statements or

failing to give important information.

- Have your Social Security card, any call-in notice you may receive, and one other piece of identification, such as a driver license or State ID ready whenever you contact the Bureau.
- Include your name, Social Security number, signature and date on all attachments and correspondence mailed or faxed to the Bureau.

Important! Protect your rights

Whenever there is a question about your claim or an appeal is pending, it is important that you continue to certify. By certifying and reporting your eligibility, you will protect your right to receive benefits if the question is settled in your favor. Otherwise, even if you win your case, you will not be paid for any week for which you have failed to claim benefits.

Further, even if you are disqualified, held ineligible, or held subject to a denial period, each week you certify may serve to requalify you for benefits or may be used to pay you benefits if it is later determined that you were entitled to benefits during the period.

Each time you certify by phone or by mail, you must answer a number of questions. Your answers to the questions determine if you meet all the eligibility requirements for the week(s) you are claiming benefits. Give true, complete, and accurate responses. There are penalties for giving false information.

A record of every unemployment check you receive is sent to your employer. The chargeable employer will notify us if she or he does not agree with your reported earnings or does not believe you are entitled to the check you received. An investigator will then examine your claim.

Your protest and appeal rights

Whenever a question arises about your right to receive benefits, predetermination fact-finding will be conducted, if required, to get the facts from you and your employer regarding the issues involved. You will receive a determination that tells you if you may receive benefits and explains why or why not. Copies of the determination go to you and your employer.

If you disagree with a determination, you can protest and ask for a review. You must do so in writing, by mail or

by fax, but any protest must be received on time. **Your protest must be received in writing by the 30th day after the date the determination was issued to you.** If the 30th day is a Saturday, Sunday, or Bureau nonwork day, the protest must be **received** by the end of the next day which is not a Saturday, Sunday, or Bureau nonwork day. Otherwise, the determination will become final and not subject to further review, unless you establish good cause for late filing of a protest.

Your employer has the same right to protest as you do and has the same time limits to protest and appeal.

When a protest is received from you or your employer, the Bureau takes another look at the facts and the law and, if necessary, will ask additional questions, and then make a redetermination. The redetermination will explain what changes, if any, are being made. Copies of the redetermination go to you and your employer. You may bypass the redetermination and appeal directly to an Administrative Law Judge (ALJ) if you and your employer, or you and your employer's agent(s) or attorney(s), agree to do so.

If you disagree with the redetermination, you can appeal for a hearing before an ALJ. Your employer has the same right. **This appeal must be received within 30 days**, the same as a protest to a determination.

Your employer has the right to protest any benefits charged to the company's UC account. You must **respond to any request from the Bureau for further information** on your claim even if you have drawn all of your benefits. A reversal of your entitlement could result in your being required to repay the protested amount.

You have the right to be represented by your own attorney, agent, or Advocate and to present witnesses at a hearing before an ALJ.

If no appeal is filed, the redetermination becomes final and is not subject to further review unless good cause for late filing of a protest is established. If you, your employer, or the Bureau disagrees with the ALJ's decision, a request for a rehearing before the ALJ or an appeal to the Board of Review (a separate agency), must be received within 30 days. If either party is dissatisfied with the Board of Review's decision, the case may be appealed to a circuit court, the Court of Appeals, and the Supreme Court. If no further appeal is filed, the latest decision will become final after the 30-day appeal period.

If you and the employer involved in the ALJ hearing both agree, the case can bypass the Board of Review and go

directly to a circuit court. The appeal must be received by the circuit court within the 30-day appeal period.

The Board of Review generally does not take new testimony from witnesses. The Board usually bases its decision on the facts presented at the ALJ hearing. The only arguments usually permitted before the Board of Review are about the law as applied to your case.

After the 30-day protest or appeal period has expired, a case can be reopened only if good cause can be established for failure to protest or appeal within the 30 days.

If a determination, redetermination or decision is made that allows you benefits, you will be paid any benefits due and payments will continue unless and until: (1) the determination, redetermination or decision is reversed, or (2) a determination, redetermination or decision on a new issue holding you disqualified or ineligible is made, or (3) a new separation issue arises resulting from subsequent work.

If it is later determined that you were not entitled to all or part of the benefits you received, you may be required to repay the benefits improperly received.

How long is your benefit year?

The beginning of your benefit year depends on when you file your application. In most cases, the benefit year begins with the Sunday of the week in which you file your application and lasts for 52 weeks.

Many workers go back to work before they receive all their allowable benefits. If you are again laid off before your benefit year ends, you can file an additional claim for benefits. If your benefit year ends before you can receive all your benefits, the unpaid benefits cannot be carried over to another benefit year. If you draw out all of your benefits before your benefit year ends, you cannot file another claim until your benefit year ends.

However, if you become unemployed after your benefit year is over, you may file a new application for benefits. At that time, it will again be determined whether you have sufficient wages in your new base period to establish a new benefit year, and whether you may receive benefits.

Benefit Rights, Responsibilities, and Terms Every Claimant Must Know

PART ONE

ALL CLAIMS

CHECK LIST

TO RECEIVE YOUR CHECK YOU MUST:

- ☒ **MEET THE ELIGIBILITY REQUIREMENTS**
Go to pages 18 & 19.
- ☒ **CALL MARVIN TO CLAIM BENEFITS AND RECEIVE A CHECK**
Go to page 17 for the details.
- ☒ **KNOW YOUR MARVIN APPOINTMENT DAY AND TIME**
Go to page 19 for the complete Schedule of Appointments.
- ☒ **HAVE A MARVIN PERSONAL IDENTIFICATION NUMBER (PIN)**
Go to page 20 for details on selecting a PIN.
- ☒ **REPORT YOUR TOTAL GROSS EARNINGS WHEN CLAIMING BENEFITS, including severance pay, or any salary continuation payments.**
Go to pages 8, 9 and 21.
- ☒ **REGISTER FOR WORK, IF REQUIRED, BEFORE YOU CAN START RECEIVING BENEFIT CHECKS**
Go to pages 5, 6 and 18 for details.

EMPLOYER filed claims (EFC)

CHECK LIST

- ☒ **IF YOU ARE NOT A CITIZEN OR NATIONAL OF THE UNITED STATES**
Go to pages 5 and F-3 for details on how to submit copies of your alien status.
- ☒ **IF YOU WANT TO ADD A DEPENDENT(S) TO YOUR CLAIM**
Go to pages 5 and F-5 for details.
- ☒ **IF YOU WANT STATE AND FEDERAL INCOME TAXES WITHHELD FROM EACH BENEFIT CHECK**
Go to pages 5, 15 and F-7 for details.
- ☒ **IF YOU WERE SEPARATED FROM AN EMPLOYER IN THE PAST 18 MONTHS FOR A REASON OTHER THAN LACK OF WORK**
Go to pages 5 and F-9 for details
- ☒ **IF YOUR NAME AND/OR ADDRESS IS DIFFERENT FROM THE NAME AND/OR ADDRESS ON THIS BOOKLET**
Go to pages 5 and F-13 for details

* Pages F-1 through F-20 can be found in the Forms Section in the middle of this booklet.
Tear out, copy and/or access UC Forms on the Internet at www.michigan.gov/bwuc.

EMPLOYER FILED CLAIMS (EFC)

New and additional claims are filed for you by your employer if your employer participates in the Employer Filed Claim (EFC) program **and** your most recent reason for separation is a layoff due to lack of work. **You must report in person to file your claim during your first week of unemployment if you are unemployed at any time for a reason other than a layoff due to lack of work.**

TAKE ACTION NOW

If you are NOT a United States citizen or National, you must sign and return the enclosed form, *Alien Consent of Disclosure* (UC 1509-EFC), which can be found in the Forms Section in the middle of this booklet. Include clear copies of both sides of your Immigration and Naturalization (INS) document(s). Mail or fax the form **and** your INS document to the address below within 5 days.

FAILURE TO RETURN THE REQUIRED DOCUMENT(S) MAY RESULT IN AN OVERPAYMENT OF BENEFITS AND PENALTY OF FINE AND/OR IMPRISONMENT, AND/OR COMMUNITY SERVICE FOR WITHHOLDING MATERIAL INFORMATION TO SECURE BENEFITS.

If you choose to have both Federal and State of Michigan income taxes withheld from each of your benefit checks, complete *Income Tax Withholding* (UC 1581 EFC), which can be found in the Forms Section in the middle of this booklet. Return the completed form to the address below by mail or fax.

If your Weekly Benefit Amount is less than \$362.00 and you choose to claim dependents, complete *Request for Redetermination of Dependency Allowance* (UC 1554-S WR), which can be found in the Forms Section of this booklet. Return completed form to the address below by mail or fax.

If you were separated from another employer in the past 18 months for any reason other than a layoff due to lack of work, you must complete *Claimant Separation Statement* (UC 1702 EFC), which can be found in the Forms Section in the middle of this booklet. Return a completed Form UC 1702 EFC to the address below for **each** employer from which you were separated for a reason other than layoff due to lack of work. **NOTE:** Your claim was filed by your last employer; therefore, the separation reason given for other employers listed on your *Monetary Determination* (UC 1575C WR) may not be correct.

If your name and/or address is different from the name and/or address on this booklet, you must complete *Request for Name and/or Address Change* (UC 1925), which can be found in the Forms Section in the middle of this booklet. Return completed form to the address below by mail or fax.

SEND THE ABOVE FORMS ONLY TO: BW&UC

Employer Filed Claims Unit
P.O. Box 02986
Detroit, MI 48202-0903
Fax: (313) 456-2605

Send all other correspondence to the Remote Initial Claim (RIC) Center listed on your *Monetary Determination* and the inside back cover of this booklet.

Points to remember:

- If you have any questions or concerns about EFC claims only, call the toll-free number – **1-866-845-0077**. In the Detroit area call (313) 456-2345.
- The branch office number where your records are currently assigned can be found on the *Monetary Determination* (UC 1575C WR).
- You must call MARVIN timely to claim unemployment benefits and receive a check. See Part Two of this booklet. If you are unable to use MARVIN, contact the EFC Unit for *Continued Certification By Mail* (UC 1785-1) to mail your certifications.
- If you are notified by mail that you must register for work, you cannot be paid benefits unless you place your résumé in the Michigan Talent Bank (MTB) at least 2-3 business day before your first call to MARVIN **and** report to a Michigan Works! (MWA) service center to verify this action.

Employer Filed Claims (EFC) *continued*

- You should receive **one** of the following notices:
 - *Monetary Determination* (UC 1575C) is mailed to you when a new claim (benefit year) is established. If you disagree with any part of this determination, refer to *Protect your rights* and *Your protest and appeal rights*, in “A Quick Overview, Rights and Responsibilities” on pages 1 and 2.
 - *Notice of Employer Filed Claim Processed as Additional Claim* (UC 1220 EFC) is mailed to you when you are laid off due to lack of work while you already have a benefit year in effect.
 - *Employer Filed Claim Not Processed* (UC 1221 EFC) is mailed to you with the reason your EFC was **NOT** processed. If you receive this notice, you must contact the EFC Unit at the toll-free number immediately.
- If you call MARVIN at your scheduled day and time and are not given a benefit amount or told to contact the Claimant Customer Relations HOTLINE, call the EFC Unit instead.

Benefit Rights, Responsibilities, and Terms Every Claimant Must Know

How much must I earn to be eligible for benefits?

There are 4 methods to qualify for unemployment benefits. Wages you were paid in a period of 4 calendar quarters will be considered. (A calendar quarter is a period of 3 consecutive months ending the last day of March, June, September, and December.) The law requires that your wages be considered in the following order:

1. You must have worked for one or more liable employers and have wages paid in 2 quarters of the **first 4** of the last **5 completed** quarters. Further, you must have been paid wages of at least \$1,998.00 in one of the 4 quarters, and have been paid wages during the **first 4** quarters totaling at least 1.5 times the wages paid in the highest quarter. **Or**
2. You must have been paid total wages in at least 2 quarters during the **first 4** of the last **5 completed** quarters that are equal to or greater than the Alternate Earnings Qualifier. The Alternate Earnings Qualifier is 20 times the State Average Weekly Wage. The amount of the Alternate Earnings Qualifier changes each year. Contact Claimant Customer Relations to find out the current amount of the Alternate Earnings Qualifier. **Or**
3. You must have worked for one or more liable employers and have wages in 2 quarters in the **last 4 completed** quarters. Further, you must have been paid wages of at least \$1,998.00 in one of the 4 quarters, and have been paid wages during the **last 4** completed quarters totaling at least 1.5 times the wages paid in the highest quarter. **Or**
4. You must have been paid total wages in at least 2 quarters during the **last 4 completed** quarters that are equal to or greater than the Alternate Earnings Qualifier. The Alternate Earnings Qualifier is 20 times the State Average Weekly Wage. The amount of the Alternate Earnings Qualifier changes each year. Contact Claimant Customer Relations to find out the current amount of the Alternate Earnings Qualifier.

If you file a new claim for benefits and your last benefit year expired within the last six calendar quarters, you must additionally satisfy the following earnings requirement:

- You must have worked after your prior benefit year began; **and**
- have been paid, by a liable employer, at least 5 times the last weekly benefit amount that was in effect in your prior benefit year.

See “**Subsequent claims**” on page 7 for details.

How many weeks of benefits?

The number of weeks for which you may receive benefits will range from 14 to 26 weeks.

The formula for calculating how many weeks you may be entitled to receive benefits is:

1. Multiply your base period wages by 43% (0.43).
2. Divide the result in step 1 by your WBA.
3. Round down to the nearest half-week. The result is the number of weeks you may receive benefits. The maximum is 26 weeks and the minimum is 14 weeks, except for benefits based on family employment.

Example:

1. Total Base Period Wages = \$5,898
 $\$5,898 \times 43\% (0.43) = \$2,536.14$
2. If WBA = \$99
 $\$2,536.14 \div \$99 = 25.62$
3. This is rounded down to the nearest half-week.
The number of weeks allowed is 25.5.

Unemployment weekly benefit amount

Your weekly benefit amount will equal 4.1% (.041) of the highest quarter wages in the base period, plus \$6 for each dependent claimed up to 5 dependents. The maximum weekly benefit amount is \$362.

Contact the Claimant Customer Relations HOTLINE at **1-800-638-3995**, or visit the UC website at www.michigan.gov/bwuc for more information on claiming unemployment benefits, calculating how many weeks of benefits are payable, calculating your Weekly Benefit Amount (WBA), dependents, and the Alternate Earnings Qualifier (AEQ).

Certifying and getting your check

After you file your claim, you are required to certify to your continued eligibility to collect benefits. You will file your bi-weekly claims using Michigan’s Automated Response Voice Interactive Network (**MARVIN**). See Part Two of this booklet for details on MARVIN.

Filing claims on time

To be filed on time and effective with the first week of unemployment, a **new or additional claim** filed by mail must be received by the Bureau no later than the Friday of the week following the week of your last day of work. Allow 5 days for mail delivery.

If the Friday of a week is a legal holiday or non-workday for the Bureau, **then and only then** will your claim be considered timely if it is received by the next day that is not a Saturday, Sunday, legal holiday, or non-workday for the Bureau (generally, the following Monday). MARVIN, however, is available on holidays and non-workdays.

You would file a **reopened claim** if you stop certifying for any reason other than having worked again. A reopened claim is effective the beginning of the week in which it is **received** by the Bureau.

Return to work

If you return to work less than full-time and do not earn at least 1½ times your weekly benefit amount, you may claim benefits for any of the weeks you were working. If you wish to claim a week and are using MARVIN, call during the week you normally would if you had not returned to work. When you call MARVIN, report any **earnings you had for the week(s) you are claiming, even if paid at a later date.**

If you return to work and are certifying by mail, report this on your certification form.

See “**Earnings while claiming benefits.**”

Penalties for false statements

The law provides severe penalties for anyone who intentionally gives incorrect information or hides important information to obtain or increase benefits. Always give the full facts. If you get a job or do any work, indicate this when you call MARVIN or report it on your certification forms, even though you have not been paid yet for your work. If you perform service in a week, which entitles you to wages, report the fact that you **earned** money in that week, even if you have not yet received the pay.

All employers are required to report quarterly, the names, Social Security numbers, and earnings of all their employees. This wage information is used to determine your eligibility for unemployment compensation and your benefit amount. For example, we can detect your failure to report earnings while receiving benefits when comparing wage information provided by employers.

If you purposely give incorrect information or hide important information:

1. If the fraudulent act occurred on or after 4/28/2002, you may have to pay a penalty equal to 2 times the amount of benefits fraudulently obtained, if less than \$500, or 4 times the amount of benefits if the amount is \$500 or more. If the amount is \$1,000 or more, the penalty could include items 4 and 5 below. If the fraudulent act occurred prior to 4/28/2002 and did not continue thereafter, you may have to pay a penalty equal to 2 times the amount of benefits fraudulently obtained, if less than \$1,000, or 3 times the amount of benefits if \$1,000 or more.
2. You will have to pay back any benefits wrongfully received.
3. You will lose your rights to remaining benefits.
4. You may have to pay a fine or go to jail, or perform community service, or all of these.
5. You may have to pay court costs, if prosecuted.

If you made a mistake in giving information or if there is an error on your check:

- Provide the correct information in writing with a brief explanation;
- Write “VOID” across the front of the check;
- Return the check for correction;
- Include your signed name, date and Social Security number on all correspondence; and
- Mail the corrected information and/or return the check to the RIC Center corresponding to your branch office number.

ber.

If you wish to report suspected unemployment compensation fraud, call the toll-free HOTLINE: **1-800-822-1122**.

The line is available 24 hours a day. You will speak directly to a fraud investigator during normal business hours if one is available. If an investigator is not available or you are calling outside normal business hours, you may leave the information on the voice mail service.

Profiling/Reemployment Services Program

The Profiling system identifies claimants most likely to exhaust regular benefits before finding another job. If identified as likely to exhaust, these claimants participate in additional reemployment services to help them become employed again.

Reemployment services may include the following:

- Job search assistance
- Individualized assessment
- Job placement services
- Job search workshops
- Counseling
- Job clubs
- Skills or aptitude testing
- Resume writing assistance

The program is a joint project involving the Bureau of Workers’ & Unemployment Compensation, the Michigan Department of Career Development, and local Michigan Works! Agency service centers.

If selected, you **must** participate or you may not be eligible for unemployment benefits during the week(s) you fail to participate.

For more information, call the Claimant Customer Relations HOTLINE. Also see the pamphlet, *Profiling and Reemployment Services* (UC 2161). You may request the pamphlet from Claimant Customer Relations.

Earnings while claiming benefits

If you work less than full time in a week, you may be paid unemployment benefits but your benefits will be reduced according to how much you **EARN** in the week for which you are claiming benefits **REGARDLESS OF WHEN YOU ACTUALLY ARE PAID**. You must report your total earnings, not just take-home pay. Earnings may include severance pay, salary continuation or other payments intended as continuing wages as a result of a separation and must be reported when calling MARVIN. The amount reported may reduce your benefits for that week. This does not include Supplemental Unemployment Benefits (SUB) paid by your employer.

Gross earnings will be subtracted from benefits as follows:

- If your earnings equal or exceed 1½ times your WBA, you are not eligible for any benefits that week.
- If your earnings are less than 1½ times your WBA but greater than your WBA, total earnings are subtracted from 1½ times your WBA. (See Example 1.)
- If your earnings are equal to or less than your WBA, half your earnings are subtracted from your WBA. (See Example 2.)

Your payment balance will be reduced by one full week if you receive any benefit payment in a week. The examples below show how this works (dollars and cents are rounded **down** to whole dollars).

Example 1

- A. WBA = \$240
- B. Gross Earnings of \$320.52 = \$320
- C. \$240 x 1.5 = \$360
- D. B is more than A. Subtract earnings from C. This is the benefit check amount.
\$360 - **\$320** = \$40

***\$40.00** is the estimated weekly benefit payment amount. If this week is claimed, it will reduce the payment balance by one full week.

Example 2

- A. WBA = \$362
- B. Gross Earnings of \$101.78 = \$101
- C. \$362 x 1.5 = \$543
- D. B is less than A.
\$362 - (½ x **\$101**) = \$362 - \$50.50 = \$311.50
\$311.50 (round down) = \$311

***\$311.00** is the estimated weekly benefit payment amount
*Pension reductions from a base period employer, overpayment recoupment, income tax withholding, child support payments, or other reductions can further reduce your benefit payments.

Because your balance of weeks of benefits is reduced by one full week when you claim a week, **regardless of how much you are paid**, you may want to calculate your benefit payment for any week you have earnings. You may choose to claim or not to claim benefits for that week. Choosing not to claim a week does not reduce your balance.

If you choose not to claim a week, you must still phone MARVIN during your scheduled week and answer “no” to the question about claiming **both** weeks. You must then answer “yes” or “no” to claiming benefits for **each** week. Answer the rest of the questions MARVIN asks you. If you choose not to claim three weeks in a row, you must file an additional claim before you can receive benefits again.

If you are claiming benefits by mail and choose to claim a week(s) in which you had earnings, enter the gross amount earned during those weeks on the certification form. If you are claiming benefits by mail and choose not to claim a week, annotate “I waive the claim for this week” in the earnings section of the certification form.

You may earn more than your weekly benefit amount and still be considered underemployed if you are not back to work full-time (working the number of hours usually considered full-time by the employer). However, you will **not** be eligible to receive benefits for any week that your **earn-**

ings equal or exceed 1½ times your WBA. If you claim 3 or more weeks in which you have excessive earnings (and therefore did not receive a check), you must file an additional claim before you can receive benefits again.

How to calculate your benefit amount when you have earnings

This area will help you determine whether or not to claim the week in question. **Remember**, if you choose to draw a minimum of \$1.00 for a week, your weeks of benefit entitlement will be reduced by a full week.

- A. WBA = _____
- B. Gross Earnings = _____ (round down to whole dollars)
- C. WBA x 1.5 = _____
- D. If B is more than A, subtract earnings from C. *This is the estimated benefit check amount.

If B is less than or equal to A, subtract ½ of earnings from A (round result down to whole dollars). *This is the estimated benefit check amount.

(If earnings equal or exceed C, no entitlement.)

Subsequent claims

It is possible to have back-to-back claims with overlapping calendar quarters. This would mean that the lag quarter and filing quarter of the prior claim fall into the base period of the succeeding (subsequent) claim.

Wages paid in the overlapping quarters (the lag quarter and filing quarter of the prior claim) can by used for the succeeding claim unless the wages were previously used to establish a benefit year. **You must have worked and been paid wages of at least 5 times the most recent WBA in effect during the previous benefit year, AFTER the start of the prior claim, before you can establish another claim.** The prior claim must have been effective within the last 6 calendar quarters before the succeeding claim.

In the following example, the claimant has wages reported in the 4th quarter of 2001 and the 1st quarter of 2002 that were paid before the prior claim became effective but were **not** used to establish the claim. When that benefit year ends, the claimant files another claim in the 1st quarter of 2003.

This claimant would not be eligible for a new benefit year because wages of at least \$1000 (which is 5 times the last WBA of \$200) were not paid after the previous benefit year began.

Subsequent Claims Example:

Prior claim (1) WBA = \$200

PRIOR CLAIM (1) Standard Base Period				LAG	Claim 1 Begins
4/2000 X	1/2001 X	2/2001 X	3/2001	4/2001	1/2002
X = WAGES USED					
				4/2001 \$2000	1/2002 \$1500
				2/2002 \$0	3/2002 \$0
				4/2002 \$0	1/2003 \$0
				Standard Base Period	

Preserving benefit entitlement

If you become disabled, you may be able to preserve or “freeze” unused benefit entitlement for use when you are again able to work, but are unemployed. To do so, you must submit a written request to your UC office within 90 days after your disability begins, if you are able. Should your medical inability prevent you from submitting this request on time, you may instead submit your written request within 90 days after your period of inability has ended.

You can also preserve your benefit entitlement if you submit your request within 90 days after being advised by the Bureau of your right to file for preservation of benefit entitlement.

However, in any event, your request must be made within 3 years after the disability began.

Be prepared to furnish the Bureau with a statement from your physician. Your physician may be required to complete a Form UC 915, *Physician’s Statement*.

Payments by calendar week or flexible week

Benefits are paid for completed calendar weeks of unemployment. We use the calendar week of Sunday through Saturday. In reporting your earnings for any week for which you are claiming benefits, you must include total gross wages you **earned** in the week in which the shift began. Do not wait to report these earnings until you are paid. They must be reported the week in which they are earned.

FLEXIBLE WEEK BENEFITS may be paid for a “flexible week” — a seven-day period which does not begin on a Sunday. This happens only when you earn as much as, or more than, 1½ times your Weekly Benefit Amount (WBA) in each of two consecutive calendar weeks **but, within those two weeks, there is a period of seven consecutive days or more in which you have no earnings.**

For the purpose of determining your earnings during the seven-day period, earnings for work performed during a shift which ends on one day but which began the day before, are considered as though earned on the day the shift began.

In the following example, your WBA is \$200 and 1½ times your WBA is \$300. You would qualify for a week of benefits during the layoff from Wednesday through Tuesday if otherwise eligible.

TWO WEEK PERIOD						
S	M	T	W	Th	F	S
	Earned	Earned	Laid	Laid	Laid	Laid
	\$150	\$150	Off	Off	Off	Off

S	M	T	W	Th	F	S
Laid	Laid	Laid	Earned	Earned	Earned	
Off	Off	Off	\$100	\$175	\$75	

Contact the Bureau for special instructions.

Retirement/pension benefits

To receive unemployment benefits, workers who retire must be able to work, be available for work and be looking for permanent full-time work; they must meet all eligibility requirements. Workers who voluntarily retire may be dis-

qualified. (See item 1 under “Disqualifications.”)

If your employer paid the entire cost of your retirement benefit, the full monthly amount of the retirement benefit will be prorated to weekly amounts and deducted from your WBA. If you contributed something, but less than one-half of the cost of your retirement benefit, one-half of the prorated weekly retirement benefit will be deducted from your WBA. If you contributed one-half or more to the cost of your retirement benefit, no deduction will be made from your WBA.

In the following examples, assume you retire under a retirement plan that provides a monthly retirement benefit of \$430. Your WBA is determined to be \$180.

Example 1. You did not contribute to the cost of the retirement benefit.

Since you did not contribute to the cost of the retirement benefit, the full monthly amount of the retirement benefit must be prorated on a weekly basis and deducted from your WBA. The \$430 monthly retirement benefit amount is divided by 4-1/3 weeks to arrive at a prorated weekly amount. This results in a weekly deduction of \$99. The \$99 is then subtracted from your \$180 WBA, leaving \$81. You would be entitled to unemployment benefits of \$81 a week (\$180 minus \$99 equals \$81).

Example 2. You contributed something, but less than one-half of the cost of the retirement benefit.

Since you contributed something, but less than one-half of the cost of the retirement benefit, one-half of the monthly retirement benefit, prorated to a weekly amount, is deducted from your WBA.

In this example, one-half of the prorated weekly deduction (\$99), based on the \$430 monthly retirement benefit, amounts to \$50. The \$50 is then subtracted from your WBA. You would be entitled to unemployment benefits of \$130 a week (\$180 minus \$50 equals \$130).

Example 3. You contributed one-half or more to the cost of the retirement benefit.

Since you contributed one-half or more to the cost of the retirement benefit, none of the \$430 would be prorated and deducted from your WBA. Therefore, you would be entitled to your full \$180 WBA.

Denial periods

School Denial Periods

Benefits are denied during the period between school terms (including summer breaks and customary vacation and

holiday recess) to individuals who work in an institution of higher learning, or other educational institution, if they have a reasonable assurance of returning to work after break. These denial periods also apply to school bus drivers working for a private employer that has a contract with an educational institution, if at least 75% of the wages paid in the base period are from this employment.

School crossing guards are subject to a denial period between school terms only, not during customary vacation or holiday breaks.

Seasonal Employer Denial Period

Benefits will be denied during the period between two successive normal seasonal periods to seasonal workers if they have a reasonable assurance of returning to work in the second seasonal period. This applies to workers who:

- a. are employed in a seasonal industry 1) that usually operates 26 weeks or less a year, or 2) at least half of whose employees usually work 26 weeks or less a year; and
- b. work for an employer 1) that usually operates 26 weeks or less a year, or 2) at least half of whose employees usually work 26 weeks or less a year; and
- c. work for an employer who has asked for and received designation as a seasonal employer; and
- d. were hired as, or have been made (and provided with a written notice), seasonal workers and work for a seasonal employer only during the normal seasonal period.

Construction workers are excluded from seasonal denial periods.

Professional Athlete Denial Periods

Benefits are denied during the period between sports seasons or similar periods to athletes if they receive reasonable assurance that they will return the next season or similar period.

Disqualifications

If you are disqualified, you may lose some or all of your benefits.

1. You may be disqualified if you quit your job without good cause attributable to your employer or if you voluntarily retire. You would **not** be disqualified for voluntarily leaving if you leave your job to accept work and actually work at another permanent, full-time job with an employer liable under the unemployment compensation law of this state, or to accept a recall from your former employer. Furthermore, if after establishing a claim you accept unsuitable work (for example, work at a great distance from your residence, or not within your abilities), you will not be disqualified if you quit the unsuitable work within 60 calendar days after you began that work.

If you quit or retire voluntarily and are disqualified, you will be required to requalify by “reworking.” Reworking means finding a job and earning 12 times your WBA to satisfy the

rework requirement.

The earnings must result from employment with an employer liable under the unemployment compensation law of this or another state. Self-employment income cannot be used to requalify for benefits.

2. You may be disqualified if you were discharged for:

a) Misconduct connected with work, or

b) Intoxication while at work.

If you were discharged for one of these reasons and are disqualified, you will be required to requalify by “reworking.” (See “Ways of requalifying.”) Your rework requirement is 17 times your WBA.

For separations on and after 4/28/2002, the disqualification for a disciplinary layoff or suspension is the same as the disqualification for misconduct connected with work. You will be subject to the same misconduct penalties described in the “Ways of requalifying” section on page 10 of this booklet.

For separations occurring prior to 4/28/2002, whenever a charge of misconduct has been reduced to a disciplinary layoff, you will be disqualified for benefits for the duration of your disciplinary layoff. However, you will not be subject to the misconduct discharge penalty.

3. You may be disqualified if you are discharged for:

a) absence due to conviction and imprisonment (other than under conditions of day parole or for a traffic violation resulting in absence of less than 10 consecutive work days); or

b) participation in a strike or other concerted action contrary to a labor contract or in a wildcat strike or concerted action not authorized by the bargaining agent (even if such discharge is later changed to a disciplinary layoff or suspension).

If you are disqualified for one of these reasons, you will be required to serve a 13-week requalification period before you can receive benefits. You will also lose up to 13 weeks of benefits.

For separations occurring prior to 4/28/2002, you will be required to serve a six-week requalification period before you can receive benefits. You will also lose up to six weeks of benefits.

4. You may be disqualified if you are discharged for:

a) an act of assault and battery connected with your work;

b) the use or possession of an illegal substance at work, refusing to submit to a drug test, or testing positive on a drug test; or

c) theft or willful destruction of property connected with your work.

If you were originally separated from employment under nondisqualifying circumstances and it is later established that you committed a theft against your employer between the notice of your layoff or discharge and the effective date of your separation, you will also be disqualified. The requalification requirement is the same as for theft.

If you are disqualified for any of these reasons, you will be required to serve a 26-week requalification period before you can receive benefits. You will also lose up to 13 weeks of benefits.

For separations occurring prior to 4/28/2002, you will be required to serve a 13-week requalification period before you can receive any benefits. There will also be a 13-week reduction of benefits. In addition, your weekly benefit amount will be reduced by the amount that would have been chargeable to the employer involved in the disqualification.

5. You may be disqualified if you a) refuse, or fail to report for, a job interview; b) fail to apply for a job; or c) fail to accept an offer of suitable work.

In deciding whether a job is suitable, the Bureau takes into account your past experience, training, prior earnings, how long you have been out of work, your chances of finding a job in your line of work, the distance of the job from your home, and any risk to your health and safety.

You will be denied benefits for refusing an offer of suitable work if the gross pay offered is at least 70% of your gross pay rate before unemployment. In addition, you will be required to serve a 13-week requalification period before you can receive benefits. You will also lose up to 13 weeks of benefits.

Prior to 4/28/2002, if you are disqualified for any of these reasons, you will be required to serve a six-week requalification period before you can receive benefits. You will also lose up to six weeks of benefits.

In addition, the following pay rate guidelines are used in determining whether a job is suitable:

Weeks Unemployed	Pay Rate for Suitable Employment
1 - 12	80% of your gross pay rate before unemployment
13 - 20	75% of your gross pay rate before unemployment
more than 20	70% of your gross pay rate before unemployment

6. You may be disqualified if you are unemployed due to a labor dispute (strike or employer lockout). The Bureau will consider the facts of the specific situation and the same ruling will be made for all workers unemployed for the same reason related to the labor dispute. It is important that you continue to certify during the period of unemployment due to the labor dispute.

7. You may be disqualified if you work for a temporary

help firm (THF) and do not notify the firm within seven days that a work assignment ended.

If you are disqualified for this reason, you will be required to serve a 13-week requalification period before you can receive benefits. You will also lose up to 13 weeks of benefits.

For separations occurring prior to 4/28/2002, you will be required to serve a 6-week requalification period before you can receive benefits. You will also lose up to six weeks of benefits.

If you are disqualified for any reason and protest that determination, you should continue to certify until a final decision is made, or you go back to work, or you are told to stop certifying. If the determination is reversed, you cannot be paid for any week(s) for which you did not certify.

Ways of requalifying

A disqualification imposed for a voluntary quit can be terminated after you have worked and earned 12 times your WBA. A disqualification imposed for a discharge for misconduct, disciplinary suspension or disciplinary layoff due to misconduct, can be terminated after you have worked and earned 17 times your WBA.

For separations occurring prior to 4/28/2002, a disqualification imposed for a voluntary quit or misconduct can be terminated after you have worked and earned the lesser of: (1) an amount equal to, or greater than, seven times your weekly benefit amount, or (2) 40 times the state minimum wage, times 7.

Disqualification imposed for a 13- or 26-week requalification period will be terminated when you complete the required period.

For separations occurring prior to 4/28/2002, disqualifications imposed for a 6- or 13-week requalification period will be terminated when you complete the required period. You will be credited with a week of requalification for each week in which you:

- 1) certify as directed and meet the same requirements as apply to claiming a benefit payment; or
- 2) earn at least 1/13th of the minimum high quarter earnings. Currently, this is \$153.69 (rounded down to \$153.00), which is \$1998.00 ÷ 13.

To requalify by certifying, you must continue to call MARVIN or submit your certification forms during the requalification period.

Improperly received benefits

Paying Back Overpayments

The Bureau is responsible for collecting overpayments established under the MES Act.

If you have an overpayment and are currently employed, contact the UC Benefit Overpayment Collection Unit at 1-800-638-6372 regarding repayment terms. This is important as, if you become unemployed and establish a claim for unemployment benefits, at least 20% of your weekly unemployment benefit payment will be taken from your weekly benefit payment and posted against your overpayment account(s). It is definitely to your advantage to repay the debt and have the unemployment benefits available to you when they are needed.

If fraud was involved in the overpayment, 100% of weekly benefit payment(s) will be taken and posted to your overpayment account(s). Additionally, 100% of your weekly benefit payment(s) will be taken and posted to your damage account(s).

If fraud was involved and the fraudulent act occurred on or after 4/28/2002, or occurred prior to 4/28/2002 and continued after, damages may be 2 times the amount of benefits fraudulently obtained, if less than \$500, or 4 times the amount of benefits if the amount is \$500 or more. If the amount is \$1,000 or more, the penalty could include a fine, or jail time, or community service, or all of these.

For an act occurring only prior to 4/28/2002, damages may be 2 times the amount of benefits fraudulently obtained under \$1000, or 3 times the amount of benefits if the amount is \$1000 or more.

Failure to repay benefits improperly received can also result in the Bureau taking your Michigan income tax refund, or referring your case to the Office of the Attorney General for judgment or wage garnishment.

Waiver of Repayment

Collection of benefit overpayments may be waived (forgiven) if the payment was made without fault on your part and if recovery of the benefits would be contrary to equity and good conscience. Repayments may be waived if:

- 1) benefits paid were proper at the time they were paid but amendments to the law were later passed and made retroactive; or
- 2) there was an administrative clerical error; or
- 3) the employer failed to provide wage and separation information timely and your **good faith** statement proves to be erroneous; or
- 4) you can establish that you are indigent (in financial hardship).

If it is found that fraud exists on a claim, the overpayment cannot be waived.

Whenever you are informed that benefits were improperly paid to you, you will also be informed if collection will be waived.

If repayment has not been waived and you feel that repayment of the benefits paid to you would be against equity and good conscience, you may request a ***waiver of recovery of overpayment*** or protest any denial of a waiver. Such a request or protest must be received within 30 days of the date the determination, redetermination, or decision which (1) **requires** recovery of overpayment, or (2) **denies a waiver** of recovery of overpayment. A request for a waiver due to financial hardship does not have to be made within the 30-day period.

HELP!

Help is available to you in protesting/appealing. UC staff will explain the (re)determination to you. Also, if you disagree with the (re)determination and wish to take further action, they will explain to you how to file a protest or an appeal to an Administrative Law Judge (ALJ). Call UC Claimant Customer Relations at 1-800-638-3995.

UC Advocacy Program and lawyer referral

The UC Advocacy Program provides no-cost assistance to claimants and employers in preparing cases for administrative appeal, and in many cases will include representation at these hearings. Most kinds of unemployment compensation cases are included in the program. **You must call for advocacy assistance AFTER filing your timely appeal.** For more information, call the Customer Relations HOTLINE at **1-800-638-3994**.

If you file an administrative appeal to your case or appeal to the Board of Review, you do not necessarily need to have a lawyer. However, if you wish to have one, many county Bar Associations maintain lawyer referral services. If your county does not have such a service, you may call the State Bar of Michigan, toll free, for a lawyer referral, at **1-800-968-0738**.

There are also "legal services" or "legal aid" agencies throughout the state, and the UAW maintains an Unemployment Insurance Clinic available at no cost to both UAW members and non-members living in the tri-county Metropolitan Detroit area. The UAW Clinic, other legal services, and legal aid agencies may be found in the white pages of your telephone directory.

OTHER IMPORTANT INFORMATION

Adjustment Assistance for workers under the Trade Act of 1974 (TRA)

You may be paid unemployment benefits under the Federal Trade Act if you have lost your job or have been laid off as a result of trade with other countries.

Under the Trade Act of 1974, as amended, you may apply for Trade Adjustment Assistance (TAA) if increased imports have adversely affected your job. The assistance may include Trade Readjustment Allowances (TRA), which provide a weekly income once you exhaust your regular unemployment benefits if you are still unemployed. In addition, if you are totally or partially separated from your job, a Michigan Works! Agency service center can help you in preparing for and finding a new job. You may be eligible for training, allowances to search for work in other areas, and a relocation allowance to move to a new job.

Contact the Claimant Customer Relations HOTLINE at 1-800-638-3995 and ask for the pamphlet *Adjustment Assistance for Workers Under the Trade Act of 1974* (UC 1628), or visit the Forms area of the BW&UC website at www.michigan.gov/bwuc for more information.

NAFTA Transitional Adjustment Assistance

You may receive similar assistance if you lose your job or have been laid off due to trade with, or your employer's shift in production to, Canada or Mexico because of the North American Free Trade Agreement (NAFTA). This program is called NAFTA Transitional Adjustment Assistance (NAFTA-TAA).

Contact the Claimant Customer Relations HOTLINE at 1-800-638-3995 and ask for the *NAFTA Transitional Adjustment Assistance Program* (UC 1628-S), or visit the Forms area of the BW&UC website at www.michigan.gov/bwuc for more information.

Extended Benefit (EB) Program

The beginning and ending of extended benefit periods will be announced in the news media. You may also contact the Claimant Customer Relations HOTLINE at 1-800-638-3995, or visit the BW&UC website at www.michigan.gov/bwuc for updates regarding the Extended Benefits program.

Generally, in order to be eligible for extended benefits you must: (1) be eligible and not disqualified under the Michigan law; and (2) have exhausted all rights to regular state benefits; and (3) have a benefit year current within an extended benefit period.

Benefit Accuracy Measurement Program

Your claim could be one of those randomly selected to be audited as part of an accuracy measurement program. This program is designed to determine the quality of unemployment insurance payments in Michigan. It also provides us with information that could lead to improvements in UC procedures.

If your claim is selected for a review, you will be contacted for an in-depth interview regarding your claim. You will be informed of the documents you should have available during the interview. They will include your Social Security card, your marriage license (if married), and birth certificates for yourself and for any dependents. Your eligibility for benefits, work history, work search contacts, and other aspects of your claim will be reviewed.

In most cases the review will confirm that your claim was processed correctly. However, if you were over- or under-paid, adjustments may be made.

Your cooperation in the Benefit Accuracy Measurement Program will enable the Bureau to better serve unemployed workers in Michigan.

Crossmatch Program

The Bureau conducts a fraud detection and prevention system called the Crossmatch Program. Employers report the names, Social Security numbers, and wages of all their Michigan employees every quarter. Benefit payment information for selected claimants is compared against these quarterly wages files. This crossmatch system identifies claimants who have both worked in, and collected unemployment benefits for, the same week. The Crossmatch Program ensures that unemployment benefits are correctly paid to eligible claimants.

Child support, alimony, and bankruptcy withholding

Up to 65% of the benefits you would receive for a claimed week of unemployment may be withheld for alimony or child support if we receive a court order from a circuit court. If an order is received from a federal Bankruptcy Court, withholding is not limited to 65%.

These withholdings can be from **all** unemployment compensation programs, including all federal programs, the Extended Benefit (EB) program, and the Emergency Unemployment Compensation (EUC) program.

(Continued on Page 15 after Forms Section)

Tear-Out Forms

Forms can be copied and accessed from the Internet at www.michigan.gov/bwuc.
Completed forms may be returned by mail or fax.

ALL OTHER CLAIMS

If needed, return the following forms to the Remote Initial Claims (RIC) Center corresponding to your branch office number. Your branch office number, RIC Center address and fax number can be found on your, *Monetary Determination*, (UC 1575C WR). A complete list of branch office numbers with corresponding RIC Center address and fax number, and other BW&UC contact information is provided on the inside back cover of this booklet.

**QUESTIONS? CALL
CUSTOMER SERVICE TOLL-FREE HOTLINE AT 1-800-638-3995**

Protest of a (Re)Determination (UC 1733)	F-11
Request for Name and/or Address Change (UC 1925)	F-13
Claimant's Record of Work Search (UC 1924)	F-15
Claimant's Record of Telephone Calls to MARVIN (UC 1932)	F-16
Claimant's Statement of Wages (UC 1718 WR)	F-17
Additional Claim By Mail (UC 1564-2 WR)	F-19

FORMS

EMPLOYER FILED CLAIMS (EFC)

IF NEEDED, RETURN THE FOLLOWING FORMS TO:

**BW&UC
EMPLOYER FILED CLAIMS UNIT
P.O. BOX 02986
DETROIT, MI 48202-0903
FAX: 313/456-2605**

QUESTIONS? CALL TOLL-FREE 1-866-845-0077

Alien Consent of Disclosure (UC 1509 EFC)	F-3
Request for Redetermination of Dependency Allowance (UC 1554-S WR)	F-5
Income Tax Withholding (UC 1581 EFC)	F-7
Claimant Separation Statement (UC 1702 EFC)	F-9
Request for Name and/or Address Change (UC 1925)	F-13



ALIEN CONSENT OF DISCLOSURE

IF YOU ARE NOT A UNITED STATES CITIZEN OR NATIONAL, YOU MUST COMPLETE AND RETURN THIS FORM WITH COPIES OF YOUR INS DOCUMENT(S) TO THE ADDRESS LISTED ON PAGE F-1 TO BE ELIGIBLE FOR UNEMPLOYMENT BENEFITS.

Your Employer Filed Claim (EFC) for unemployment benefits has been processed as a new claim. The Bureau of Workers' & Unemployment Compensation (BW&UC) must verify that you are lawfully present in the United States for the purpose of performing work for an employer. Complete and mail this form **and** copies of your INS documentation to the address below. **FAILURE TO RETURN THE REQUIRED DOCUMENTS WITHIN 5 DAYS MAY RESULT IN AN OVERPAYMENT OF BENEFITS AND PENALTY OF FINE, AND/OR IMPRISONMENT, AND/OR COMMUNITY SERVICE FOR WITHHOLDING MATERIAL INFORMATION TO SECURE BENEFITS.**

You must send **clear** copies of the **front and back** of your INS document(s) containing your Alien Registration Number and the Expiration Date of that registration.

Common documents provided by INS to aliens are:

Form I-1551	Permanent Resident Card or Resident Alien Card
Forms I-766, I-688A, or I-688B	Employment Authorization Document
Form I-94	Arrival Departure Record
Form I797A	Notice of Action and/or Receipt
Form I-688	Temporary Resident Card
	Passport/VISA with INS stamp

If the name on any of your INS documents differs from the name you used to file for unemployment benefits, you must also send a clear copy of your driver license, Social Security card, union membership card, birth certificate, marriage license, or other official documentation to establish your identity.

COMPLETE THIS PAGE AND RETURN IT WITH YOUR DOCUMENTS AS INSTRUCTED ON PAGE F-1.

I freely and voluntarily waive the confidentiality provision of the Immigration Reform and Control Act of 1986 (IRCA) to permit the Immigration and Naturalization Service (INS) to provide the State of Michigan, Bureau of Workers' & Unemployment Compensation, with my alien status for purposes of determining my eligibility for unemployment benefits.

I understand that the IRCA precludes the INS from using, publishing, or making available information related to my application for adjustment to temporary residence except as provided by law (confidentiality provision).

Name of INS Document _____

Alien Registration Number _____ Expiration Date _____

Print
Your Name: _____ Social Security Number: _____

Signature: _____ Date: _____

**REQUEST FOR REDETERMINATION OF DEPENDENCY ALLOWANCE**YOUR SOCIAL SECURITY NUMBER - -

YOUR NAME

(Please Print)

Last

First

M.I.

The Michigan Employment Security Act provides for establishing your Weekly Benefit Rate based on 4.1% of your highest quarter base period wages, plus \$6.00 for each dependent, up to a maximum of 5 dependents. **Even if dependents are allowed, your Weekly Benefit Amount cannot exceed \$362.00.** Only one person may claim or receive a dependency allowance for the same individual.

A correction made to your dependency allowance based on this request is effective with the beginning of your benefit year, and remains in effect until the benefit year expires. A dependent is not added or removed during a benefit year, even in cases of a birth, death, age change, marriage or divorce. However, if good cause is established for failure to claim a dependent at the time of filing a new claim, a dependency allowance will be corrected effective with the beginning of the benefit year.

To claim the following person(s) as a dependent you must have provided more than half the cost of his or her support for at least 90 consecutive days immediately before the first week of your new claim. If the relationship has existed less than 90 days, the person must have received more than half the cost of his or her support from you for the duration of the marital or parental relationship. Only one person may claim a dependency allowance for the same individual as a dependent.

Persons You May Claim As A Dependent Considered By Age And Relationship

Age	Relationship
Any Age	Your husband or wife
Under Age 18	Your child, grandchild, adopted child, stepchild, orphaned brother or sister
Over Age 18, or Under Age 22 if Full-time Student	Your child, grandchild, adopted child, stepchild, orphaned brother or sister
Over Age 18 if physically or mentally infirm and unable to work	Your child, grandchild, adopted child, stepchild, orphaned brother or sister, mother or father
Over Age 65	Your mother or father

Enter the TOTAL dependents you are claiming in the box below. Do not claim yourself.

I wish to protest the number of **Dependents Claimed** on the Monetary Determination mailed on _____ (date).I did not claim the correct number of dependents when I filed my claim because: _____

_____For the reason(s) stated above, I wish to claim a total of dependents on my current Benefit Year.

I certify that all of the information submitted by me on this form is true and correct to the best of my knowledge and belief. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES OF FINE, AND/OR IMPRISONMENT, AND/OR COMMUNITY SERVICE FOR FALSE STATEMENTS TO SECURE BENEFITS.

Claimant Signature: _____ Date _____

LEAVE BLANK — BW&UC USE ONLY

BYB _____

Claims Worker Initials _____

Date D/E _____



INCOME TAX WITHHOLDING

COMPLETION OF THIS FORM IS VOLUNTARY

FOR BRANCH OFFICE
USE ONLY

BYB: _____

S.S. #: -

(PLEASE PRINT)

NAME: _____

ADDRESS: _____

You have the option to have federal **and** state income tax withheld at the rates listed below, from the taxable portion of your unemployment benefits. The taxable portion of your weekly benefit amount (WBA) for federal tax is the remaining balance after any pension and/or earnings deductions. The taxable portion for state tax is the remaining balance after any deductions for pension, earnings, **and** dependents. If you choose income tax withholding, you must have BOTH taxes withheld at the indicated percentages.

The withheld tax amounts will be shown on your benefit check stub and the annual tax year Form 1099-G, *Certain Government Payments*, which reflects the total benefit amount paid to you for the preceding calendar year.

Income taxes will not be withheld from your benefit checks unless authorized by you with your signature. No action is necessary if you do not wish to have income taxes withheld from your benefit checks.

*** NOTE: Although you can stop withholding at any time, you may elect to have taxes withheld only once per benefit year.**

☐

START 10% Federal Income Tax from each benefit payment.

AND

Michigan State Income Tax Withholding Rate by Benefit Year Beginning (BYB) date.

BYB 1/6/2002 4.1%

BYB 1/5/2003 4.0%

BYB 1/4/2004 3.9%

FOR STATE TAX PURPOSES,

WHAT IS THE NUMBER OF YOUR DEPENDENTS? (include yourself)

☐

STOP withholding income taxes from my benefit checks.

Signature

Date



State of Michigan
Department of Consumer & Industry Services
BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION
CLAIMANT SEPARATION STATEMENT



Office No. _____

You must complete a Separation Statement for each employer you were separated from in the last 18 months (except when you are laid off) if you were separated due to voluntary leaving or discharged due to theft, willful destruction of property, assault and battery, or possession or use of illegal drugs. You must complete and return this form to the Employer Filed Claim (EFC) Unit, immediately after receiving Form UC 1575C, *Monetary Determination*. Your EFC was filed by your last employer; therefore, the separation reason given for the other employers may not be correct. Please answer all questions, supply requested information and give a detailed statement. If additional space is needed, use a separate sheet of paper.
NOTE: Before completing this form, review Part One of this booklet. Special attention should be paid to section titled "Disqualifications."

1. CLAIMANT IDENTIFICATION

- A. Print Your Complete Name _____
(Last, First, Middle Initial)
- B. Enter Your Social Security Number _____
- C. Telephone Number _____
(_____) _____
Area Code

2. CLAIMANT'S STATEMENT (complete all items)

- A. I worked for _____ Location _____
(Name of Company) (City/State)
- Telephone Number (_____) _____ from _____ to _____
Area Code (Beginning Date) (Ending Date)
- as a(n) _____
(Occupation)
- B. I worked _____ hours per day, _____ days per week.
- C. My average weekly wage (before deductions and tax withholding) was \$ _____ per week.
- D. I worked on commission. YES ☐ NO ☐
- E. If you are a union member, give name of union, local number, and address: _____

A decision about your benefits will be made based on information contained in your statement and information from your employer. Please give complete details of your separation. NOTE: FAILURE TO COMPLETE THIS FORM CAN RESULT IN A (RE)DETERMINATION BEING MADE ON THE BASIS OF OTHER AVAILABLE FACTS.

- F. I am no longer working for this employer because:
- ☐ I quit; (complete Part 3) ☐ I was discharged/fired; (complete Part 4) ☐ I retired; (complete Part 5)
- ☐ I was working for a Temporary Help Firm and my assignment ended; (complete Part 4D)
- ☐ I was discharged for using or possessing illegal drugs, or refusing to take, or failed, a drug test. (complete Part 4)

3. NATURE OF SEPARATION FROM WORK - "QUIT"

- A. Left work voluntarily. YES ☐ NO ☐
- B. Who did you notify of your leaving? _____ When did you notify them? _____
(Name) (Position) (Date)
- C. Check all reasons for leaving which apply to you:
- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Wages | <input type="checkbox"/> Retirement | <input type="checkbox"/> Job Requirements |
| <input type="checkbox"/> Health | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Working Conditions | <input type="checkbox"/> Left for New Full-Time Work* |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Requested Leave | <input type="checkbox"/> Skills Not Used | <input type="checkbox"/> Left for New Part-Time Work* |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Work Hours | <input type="checkbox"/> Unable to Do Work | <input type="checkbox"/> Left for Recall to Previous Job* |
| <input type="checkbox"/> Other _____ | | | |

*-If hired for new job prior to leaving, provide date of application for work, date hired, date began and name of new employer.

3. NATURE OF SEPARATION FROM WORK – “QUIT”D. Please describe the situation in detail and how you attempted to resolve it:

(For example: Did you ask for a transfer or leave of absence, file a grievance, or speak with your supervisor?)

4. NATURE OF SEPARATION FROM WORK – “DISCHARGE” or “FIRED”

- A. Choose the one that best describes your situation:
- | | |
|---|---|
| <input type="checkbox"/> Discharged/Fired by Employer | <input type="checkbox"/> Given Choice of Resigning/Quitting or Being Discharged/Fired |
| <input type="checkbox"/> Discharged/Fired Prior to Quitting | <input type="checkbox"/> Left in Anticipation of Discharge/Firing |
| | <input type="checkbox"/> Illegal Drugs |

B. If discharged/fired by the employer, who told you that you were discharged/fired?

_____ (Name of Person) _____ (Title)

On _____ I was told I was discharged/fired for the following reason(s):

(Date of Dismissal)

- | | | |
|--|--|--|
| <input type="checkbox"/> Position No Longer Exists/Job for Which Hired Not Available | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Willful Destruction of Company Property |
| <input type="checkbox"/> Refusal to Transfer to Other Work | <input type="checkbox"/> Manner of Performing Work | <input type="checkbox"/> Intoxication/Use of Intoxicants |
| <input type="checkbox"/> Absence or Tardiness | <input type="checkbox"/> Union Relations | <input type="checkbox"/> Violation of Company/Union Rules |
| <input type="checkbox"/> Assault & Battery (Fighting) | <input type="checkbox"/> Theft | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Imprisonment | <input type="checkbox"/> Misconduct | <input type="checkbox"/> Unable to Do the Work |
| <input type="checkbox"/> Working Conditions | | |
| <input type="checkbox"/> Other _____ | | |

C. Were there any witnesses? [Name Person(s)] _____

D. My assignment ended – Temporary Help Firm

a. The Temporary Help Firm gave me a written notice which requires me to notify them within 7 days of completing services for a client YES ☐ NO ☐

b. I gave the employer notice on _____ by means of _____ .

(Date)

(Letter, Phone, etc.)

c. The notice was accepted by _____ .

(Person's Name and Title)

d. I did not give notice within 7 days because: _____

E. Please describe the events leading up to the leaving or discharge in detail: _____

F. If you filed a grievance, when and with what result: _____

G. Had your employer ever warned you or spoken to you about the conditions causing your discharge? YES ☐ NO ☐

If “YES,” when were you warned and by whom? _____

5. NATURE OF SEPARATION FROM WORK – “RETIRED”A. I retired effective _____ My retirement was: ☐ voluntary ☐ mandatory ☐ per union agreement.

(Date)

B. I am receiving a retirement payment of \$ _____ per _____.

C. I contributed to my retirement benefit : ☐ Less than one-half the cost of my retirement. ☐ One-half or more of the cost of my retirement benefit. ☐ My employer paid the entire cost of my retirement benefit.

D. My retirement payments began (or will start to be paid) on: _____

(Date)

6. STATEMENT OF ABILITY AND AVAILABILITY TO PERFORM WORK

A. Check all items which will, or to your knowledge could, affect your ability and availability to perform Full-Time work (as defined by the employer) during your benefit year:

- | | | |
|---|--|---|
| <input type="checkbox"/> Attending School or Training | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Union Relations |
| <input type="checkbox"/> I am/will Be Away From Home or Work Area | <input type="checkbox"/> Nature of Work/Type of Employer | <input type="checkbox"/> Wage Restrictions |
| <input type="checkbox"/> Distance Restrictions | <input type="checkbox"/> Medical Restrictions | <input type="checkbox"/> Jury Duty |
| <input type="checkbox"/> Health or Physical Condition | <input type="checkbox"/> Self-Employment/Other Work | <input type="checkbox"/> Working Conditions |
| <input type="checkbox"/> Incarceration (Jail) | <input type="checkbox"/> Hours (Part-Time/Full-time) | <input type="checkbox"/> Other _____ |

B. Please describe the item(s) you checked in more detail: _____

CLAIMANT'S CERTIFICATION: I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the law provides penalties of fine, and/or imprisonment, and/or community service for false statements to secure benefits.

Claimant's Signature

Date:



PROTEST OF A (RE)DETERMINATION

Attach 1 copy of the (re)determination you are protesting. Refer to: "Your Protest and Appeal Rights" contained on page 1 of this booklet before completing this form.

Social Security Number: --

Name: _____

I WISH TO PROTEST THE DETERMINATION ☐ APPEAL THE REDETERMINATION ☐

MAILED OR PERSONALLY SERVED ON: _____
 *(Date) * Shown at bottom of (re)determination

FOR THE FOLLOWING REASON(S):

(Your Signature)

(Date)

NOTE: If you need more space, attach additional pages.

- IN YOUR PROTEST OR APPEAL, INDICATE THE REASON(S) WHY YOU DO NOT AGREE WITH THE (RE)DETERMINATION. ALSO, PROVIDE ANY NEW OR ADDITIONAL FACTS NOT PRESENTED IN YOUR FIRST STATEMENT.
- ATTACH COPIES OF ANY DOCUMENTS, EMPLOYER NOTICES, CORRESPONDENCE, OR OTHER TYPES OF INFORMATION WHICH MAY CLARIFY THE ISSUE YOU ARE PROTESTING. THESE DOCUMENTS WILL NOT BE RETURNED SO YOU SHOULD SEND DUPLICATES OR COPIES.
- **YOU MUST PROTEST IN WRITING OR BY FAX. IN ORDER TO BE ON TIME, YOUR PROTEST MUST BE RECEIVED BY THE BUREAU WITHIN 30 DAYS AFTER THE DATE THE DETERMINATION WAS MAILED.** IF YOUR PROTEST IS NOT RECEIVED ON TIME, IT MAY AFFECT THE DECISION YOU RECEIVE.

IF THE 30 DAY PROTEST PERIOD HAS ALREADY LAPSED, YOUR STATEMENT SHOULD INDICATE WHY YOUR PROTEST IS NOT ON TIME.

SEE THE ENCLOSED LISTING OF UC OFFICE ADDRESSES ON THE BACK PAGE OF THIS BOOKLET. COMPLETE, SIGN, AND MAIL THIS FORM TO THE POST OFFICE BOX CORRESPONDING TO YOUR OFFICE NUMBER.

IF YOU HAVE ANY DIFFICULTY COMPLETING THIS FORM, CONTACT THE CLAIMANT CUSTOMER RELATIONS HOTLINE.

THIS FORM CAN BE USED TO PROTEST A DETERMINATION, OR APPEAL A REDETERMINATION



REQUEST FOR NAME and/or ADDRESS CHANGE

- FOR A NAME CHANGE REQUEST, SUBMIT A COPY OF LEGAL PROOF WHICH DOCUMENTS THE CHANGE •

Check Appropriate Box: ☐ NAME CHANGE ☐ ADDRESS CHANGE

Your Name: _____
First Last Middle Initial

Social Security Number: --

NAME CHANGE

Your Name: _____
First Last Middle Initial

Reason for Change: ☐ Married ☐ Divorced ☐ Personal Choice

ADDRESS CHANGE

Old Address: _____
Street Address City State Zip Code

New Address: _____
Street Address City State Zip Code

Telephone Number: (_____) _____
Area Code

If you have relocated outside of Michigan, will it be for more than 4 weeks? ☐ Yes ☐ No
(If you answered "Yes," your file will be transferred to the Interstate Benefit Unit.)

I know the law provides penalties of fine and/or imprisonment and/or community service for any false statement(s). I certify that the information reported on this form is true and correct to the best of my knowledge.

Your Signature*: _____ Date: _____

* Your signature will be verified against your existing signature on record.

• FOR UC USE ONLY •

DO NOT SIGN UNTIL YOU HAVE ENTERED THE UPDATED INFORMATION INTO THE SYSTEM.

Staffperson's Signature: _____ Data Entry Date: _____

Social Security Number:

Use this form to record each employer you contacted during each week you are claiming unemployment benefits. Although this information is not requested when claiming each week, your claim may be audited and you may be asked at any time to provide a detailed record of your work search efforts. If you cannot provide this information, you may be penalized and have to pay back the benefits as well as damages of double or triple the amount received through fraud. Keep this record up-to-date.

[illegible]



Claimant's Record of Telephone Calls to MARVIN

Appointment Day and Hour: _____ MARVIN's Phone #: **1-866-638-3993**

REMINDER: Phone in every other week on your appointment day and at your scheduled hour. If you miss your appointment, you may phone in anytime on Thursday or Friday between 8:00 a.m. and 7:00 p.m. Eastern time.

[illegible]



CLAIMANT'S STATEMENT OF WAGES



Complete this form to provide wage information not available for use by the Bureau but required to determine if you qualify for unemployment benefits. Check the box below in item 9 if you did not work for or were not PAID by the employer listed during the identified quarters and request the reported wages not be used. Complete a separate form for each employer, as directed. Instructions for completion are on the reverse side. Please print clearly.

1. CLAIMANT LAST NAME, FIRST, MIDDLE INITIAL										2. SOCIAL SECURITY NUMBER		3. ADDITIONAL NAME or SSN WORKED UNDER					
BW&UC Account Number						Multi		Check Digit		4. FEDERAL EMPLOYER ID NO. (from W-2 Form, if available)							
5. EMPLOYER (Name of Company)										6. EMPLOYER TELEPHONE NUMBER							
										()							
7. EMPLOYER ADDRESS										8. FIRST DATE WORKED		LAST DATE WORKED					
										MONTH DAY		YEAR		MONTH DAY		YEAR	

Quarter ____ Year ____	
PAY DATE (Month/Day)	GROSS WAGES PAID
TOTAL	\$
Quarterly Wages	

Quarter ____ Year ____	
PAY DATE (Month/Day)	GROSS WAGES PAID
TOTAL	\$
Quarterly Wages	

Quarter ____ Year ____	
PAY DATE (Month/Day)	GROSS WAGES PAID
TOTAL	\$
Quarterly Wages	

Quarter ____ Year ____	
PAY DATE (Month/Day)	GROSS WAGES PAID
TOTAL	\$
Quarterly Wages	

Quarter ____ Year ____	
PAY DATE (Month/Day)	GROSS WAGES PAID
TOTAL	\$
Quarterly Wages	

11. CLAIMANT'S CERTIFICATION:

I certify that the above information is true and correct to the best of my knowledge and belief:
I understand that the law provides penalties of fine, and/or imprisonment, and/or community service for false statements to secure benefits.

12. Claimant's Signature

Date:

Clerk's Initials

Instructions

- Clearly print your name and Social Security number. Enter any additional name or Social Security number you may have worked under.
- Enter the Federal Employer Identification Number (FEIN) from your W-2 Form, if available.
- Clearly print employer name, address, telephone number, and dates of employment.
- Report missing **gross** wages (before taxes) PAID to you in each calendar quarter identified in Item 10 on the front side. For example, you may have worked during the last week of March (1st quarter) but were not paid until April (2nd quarter). Report these wages in the 2nd quarter (the quarter containing the date you were PAID).

There are 4 calendar quarters per year.

The quarters are numbered and are the same from year to year.

Each quarter contains three calendar months as follows:

1st Quarter	January 1	through	March 31
2nd Quarter	April 1	through	June 30
3rd Quarter	July 1	through	September 30
4th Quarter	October 1	through	December 31

- If you know your gross wages for each quarter, complete only the Total Quarterly Wages box for each quarter identified in Item 10, or you may use the spaces provided to list each pay date and amount to help you figure the Total Quarterly Wages.
- If you have pay stubs, enter the pay dates (date of check) and gross wages paid on that date in the correct quarter.
- Calendars are available upon request that show the 4 quarters.
- A UC employee will assist you at any time if you request help.
- Mark the box in Item 9 if you never worked for or were not PAID by the employer listed within the identified quarter(s) and request the wages not be used on your claim. There are penalties for withholding employment information.
- Carefully read the Claimant's Certification Statement before you sign and date this form.

NOTE: If your claim is established based on the information you provide on this form, it may be subject to a redetermination when corrected wage information is obtained from your employer.

State of Michigan
Department of Consumer & Industry Services
BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION
ADDITIONAL CLAIM BY MAIL

BYB Date	Office No.
OCC. CODE	

To the Claimant:
Begin this form with Item 1 below.
Completion of this form is required to qualify for benefits.
Follow all instructions very carefully.

1. PRINT Name: Last	First	Middle	2. Social Security Number	Ck. Digit

3. No. and Street

4. City-State-Zip Code

County You Live In

5. Telephone Number

Have you returned to work since last claiming benefits? ☐ NO ☐ YESIf "NO," your claim is effective the beginning of the week in which this form is **received**.

If "YES," complete item 11 below.

It is your responsibility to complete and mail this form so that it is RECEIVED by the Bureau no later than the Friday after the end of the week containing your last day of work. If you stopped claiming benefits for a reason other than a return to work, this completed form must be RECEIVED during the first week for which you wish to start claiming benefits again.**YOU MUST HAVE A PERSONAL IDENTIFICATION NUMBER (PIN) TO CALL MARVIN. IF YOU HAVE FORGOTTEN YOURS, CONTACT THE CLAIMANT CUSTOMER RELATIONS HOTLINE BEFORE YOUR CALL-IN DAY.****SINCE YOU LAST CLAIMED BENEFITS:**

6. Unemployment benefits are subject to Federal and Michigan income tax. Do you wish to have **both** Federal and Michigan income tax withheld from the taxable portion of each weekly benefit payment?
(You can choose to have taxes withheld only once per benefit year.) ☐ NO ☐ YES
A. If "YES," you must enter the number of dependents/exemptions you claim for State income tax purposes.
7. Have you applied for or received retirement benefits? ☐ NO ☐ YES
8. Have you moved or changed your name? (If "YES," complete *Request for Name and/or Address Change*. See page F-13) ☐ NO ☐ YES
9. Are you in training or attending school? (If "YES," give dates.) From _____ Thru _____ ☐ NO ☐ YES
10. Were you unable to file this claim due to injury, illness or hospitalization that lasted 14 days or more? ☐ NO ☐ YES
11. List all employment since your last period of unemployment (whether in state or not). If more than 1 employer, use reverse side.

UC Account No.	Check Digit	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	First Date Worked	Last Date Worked
EMPLOYER - Business Name		Plant or Location	Reason for Separation (enter the reason number in box) <input type="text"/>	
MOST EMPLOYER RECENT	Payroll Address	Telephone ()	(1) Laid/Off/Lack of Work (7) Other _____	
	City - State - Zip Code	Position Title	(2) Fired (8) Still Employed FullTime	
	County & State Worked In	Was Social Security taken out of your pay? <input type="checkbox"/> YES <input type="checkbox"/> NO	(3) Quit (9) <input type="checkbox"/> Wildcat Strike	
	FIPS CNTY		(4) Retired (Voluntarily) <input type="checkbox"/> Imprisonment	
			(5) Retired (Involuntarily) <input type="checkbox"/> Drugs <input type="checkbox"/> Theft	
			(6) Labor Dispute <input type="checkbox"/> Assault and Battery	
			<input type="checkbox"/> Strike <input type="checkbox"/> Lockout <input type="checkbox"/> Wilful Destruction	
			Do you expect to return to work with this employer? <input type="checkbox"/> Yes When: _____ <input type="checkbox"/> No <input type="checkbox"/> I don't know	
			If your return to work date exceeds 120 days, you must register for work to be eligible for benefits. See page F3.	

12. If you are not a citizen of the USA, enter the type of form or document issued to you: _____ Expiration Date: _____
13. Have you received or will you receive payments from your last employer for any period following your last day of work? ☐ NO ☐ YES
If "YES," show the amount of payment and period covered.
- | | | | |
|-----------------------------|----------|------------|----------|
| (a) Vacation Pay | \$ _____ | From _____ | To _____ |
| (b) Holiday Pay | \$ _____ | From _____ | To _____ |
| (c) Wages in Lieu of Notice | \$ _____ | From _____ | To _____ |
| (d) Severance Pay | \$ _____ | From _____ | To _____ |
| (e) Wage Continuation Pay | \$ _____ | From _____ | To _____ |
| (f) Other | \$ _____ | From _____ | To _____ |

14. **YOUR CERTIFICATION:** I certify that all of the information submitted by me on this form is true and correct to the best of my knowledge and belief. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES OF FINE, AND/OR IMPRISONMENT, AND/OR COMMUNITY SERVICE FOR FALSE STATEMENTS TO SECURE BENEFITS.

15. Your Signature _____ 16. Date Signed _____

Bureau Use Only								
17.	Add'l	R/O	Effective W/E Date	RSW/JAW Date	Reg. Req.	UC 1002/APP	D/E Date	D/E Clerk
					Y N			

FOLD HERE

You must use a separate envelope for mailing.
Mail to the Remote Initial Claims (RIC) Center corresponding to your branch office number.

FOLD HERE

Continuation of Item 11 from front of form.

UC Account No. Check Digit		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	First Date Worked	Last Date Worked
EMPLOYER – Business Name		Plant or Location	Reason for Separation	
NEXT EMPLOYER LAST	Payroll Address	Telephone ()	(enter the reason number in box) <input type="checkbox"/>	
	City – State – Zip Code	Position Title	(1) Laid/Off/Lack of Work (7) Other	
	Was Social Security taken out of your pay? Yes <input type="checkbox"/> No <input type="checkbox"/>		(2) Fired (8) Still Employed FullTime	
			(3) Quit (9) <input type="checkbox"/> Wildcat Strike	
UC Account No. Check Digit		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	First Date Worked	Last Date Worked
EMPLOYER – Business Name		Plant or Location	Reason for Separation	
THIS EMPLOYER LAST	Payroll Address	Telephone ()	(enter the reason number in box) <input type="checkbox"/>	
	City – State – Zip Code	Position Title	(1) Laid/Off/Lack of Work (7) Other	
	Was Social Security taken out of your pay? <input type="checkbox"/> YES <input type="checkbox"/> NO		(2) Fired (8) Still Employed FullTime	
			(3) Quit (9) <input type="checkbox"/> Wildcat Strike	
			(4) Retired (Voluntarily) <input type="checkbox"/> Imprisonment	
			(5) Retired (Involuntarily) <input type="checkbox"/> Drugs <input type="checkbox"/> Theft	
			(6) Labor Dispute <input type="checkbox"/> Assault and Battery	
			<input type="checkbox"/> Strike <input type="checkbox"/> Lockout <input type="checkbox"/> Wilful Destruction	

(Continued from Page 14)

Taxing benefits

Unemployment benefits are considered income for federal and state tax purposes. Form 1099-G, *Certain Government Payments*, is sent to you and the Internal Revenue Service each year showing the amount of benefits you received during the previous calendar year. The form is mailed to claimants by the end of January. You should keep the Bureau informed of your current address, so this important information can be mailed to you. If you disagree with the amount shown on Form 1099-G, contact the Bureau for correction.

You may choose to have both **Michigan and federal income taxes** withheld from your weekly unemployment benefits. If you choose to have income taxes withheld, both taxes will be withheld. You may **not** choose to have just one or the other withheld.

Deductions for **federal** income taxes are **10%** of the taxable portion of your weekly benefit payment (after pension and earnings reductions). Michigan income tax is withheld at the rate in effect when the claim begins and is withheld after deductions for pensions, earnings, dependents, and exemptions. Deductions for **Michigan** income tax are **4.1%** for benefit years beginning on or after 1/6/2002, **4.0%** for benefit years that begin on or after 1/5/2003, and **3.9%** for benefit years that begin on or after 1/4/2004. The income tax deduction is taken out *after* other mandatory deductions: *overpayment recoupment, fraud penalties, and child support*.

You can choose to have taxes withheld only **once per benefit year** but you can *always stop* your withholding. To do this, you must complete and return *Income Tax Withholding* (UC 1581).

Forms are available on the BW&UC website at www.michigan.gov/bwuc, or can be requested by telephone by calling the Claimant Customer Relations HOTLINE. Form UC 1581 is included in the Forms Section in the middle of this booklet. Form 1099-G will reflect the state and federal income tax withheld for the calendar year.

Disclosure of information

The information that you provide concerning your claim for unemployment benefits is confidential.

However, federal and state laws require that certain types of information must be provided upon request for statistical and unemployment compensation program purposes. For example, if you are handicapped as defined in Section 504 of the Rehabilitation Act of 1973, or the Americans with Disabilities Act of 1994 (i.e., have a physical or mental impairment which substantially limits one or more major life activities; a record of such impairment; or are regarded as having such impairment), then such information may be collected for statistical research purposes.

In addition, all employers must report the names, Social Security numbers and earnings of all their employees. This wage information will be provided to other governmental agencies to verify eligibility for Aid to Families with Dependent Children, Medicaid, Food Stamps, and other public assistance programs. Also, we may disclose, under certain circumstances, information on your claim to authorized federal and state agencies, or the Friend of the Court. Information concerning your benefit payments also is provided to the Michigan Department of Treasury and the Internal Revenue Service.

Child day care

The availability of quality, affordable childcare services is often a major concern of many claimants. If you are faced with a lack of adequate child day care facilities, a referral listing of local area nonprofit child day care networks is available at your county Family Independence Agency offices. For more information, call the facilities directly.

More unemployment information

Contact the Claimant Customer Relations HOTLINE, or visit the BW&UC website, www.michigan.gov/bwuc, for information on the following:

- Waivers of registration for work and seeking work requirements;
- Filing a claim while still working;
- Filing your claim when away from home;
- When you have worked in more than one state;
- Federal Unemployment Compensation for civilian and ex-military personnel.

Having a problem with your claim for UC benefits?

Are you having a problem with your claim for unemployment benefits? Do you need some help understanding forms or procedures? If so, help is as near as your fingertips.

From anywhere in the United States, you can speak with experienced problem solvers who have access to UC benefit claims records through the automated system. They will answer your questions, explain the process, and refer you to the specific department or unit, which can provide help if they are unable to immediately resolve your problem(s).

**The UC HOTLINE is available between
8:00 a.m. until 5:00 p.m., Monday through Friday.**

1-800-638-3995

Using MARVIN to Certify/Claim Weeks of Unemployment Benefits

(Getting your unemployment check)

MARVIN

Michigan's Automated Response Voice Interactive Network

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PART TWO

WHO IS MARVIN?

Michigan's Automated Response Voice Interactive Network

MARVIN allows you to communicate with the Unemployment Compensation (UC) computer by using a **touch-tone or a push-button telephone with a tone/pulse switch** (the switch must be set at "tone"). Rotary or pulse telephones cannot interact with MARVIN. MARVIN uses digitized human speech to provide you with step-by-step instructions and information regarding your claim.

To use MARVIN all you need is:

- access to a touch-tone or tone/pulse telephone
- your Social Security Number
- your Personal Identification Number (PIN)

MARVIN allows you to:

- phone-in your continued weeks of unemployment
- ask for information about your benefit check, such as the date your last payment was made and the amount.

Most claimants are required to use MARVIN to phone in their claims for continued weeks of benefits. If you are required to use MARVIN, but choose not to, you will be required to submit a paper certification form so that it is received by the Bureau during the week of your MARVIN appointment. **Reporting by paper will delay receiving your check by mail, as the paper certification must be processed manually. MARVIN is totally automated and has proven that it processes your claim faster.**

ADVANTAGES OF USING MARVIN

MARVIN gives you improved services by:

- allowing you to phone-in instead of mailing forms every two weeks
- telling you the amount of your benefit check and the date your check will be mailed
- checks are received faster because there are no certification forms to complete and mail
- service is available from 8:00 a.m. through 7:00 p.m., Monday through Friday.

HOURS OF OPERATION

MARVIN is available **Monday through Friday** between the hours of **8:00 a.m. through 7:00 p.m., Eastern Time**. You will be assigned an appointment day and hour to phone-in. Your appointment day will either be on a Monday, Tuesday, or Wednesday. Appointment hours are scheduled between 8:00 a.m. and 6:00 p.m. You may not phone-in at any other time on Monday, Tuesday, or Wednesday. **If you miss your appointment you may phone-in on Thursday or Friday between the hours of 8:00 a.m. through 7:00 p.m.** It is in your best interest to call at your appointment time so your check can be received timely. The longer you wait, the longer it will take to receive your check.

**MONDAY, TUESDAY
WEDNESDAY**
8:00 a.m. – 7:00 p.m.
*Certify by Appointment Only
Inquire Anytime*

**THURSDAY
FRIDAY**
8:00 a.m. – 7:00 p.m.
*Certify or Inquire Anytime
No Appointment Necessary*

- MARVIN operates on Eastern Time.
- If your scheduled appointment day falls on a holiday, MARVIN will be available to take your call.

POINTS TO REMEMBER:

- If you **stop claiming benefits** for even one week, because of a return to work or other reason, and then wish to reactivate your claim, **you may not reactivate your claim by using MARVIN**. In some cases you may be able to reactivate your claim by filing an Additional Claim on the BW&UC website at www.michigan.gov/bwuc, or by mail. You **must** file to reactivate your claim during the **first week** for which you are claiming benefits. Refer to Part One of this booklet for details on filing claims on time.

- If you do not certify using MARVIN during your appointment week, you are considered late. If you **certify late** and do not have good cause, your certification will be effective as of the week received. You will not be paid for any week before that. If you have good cause, you may be paid for the earlier week(s). Also, if it is found that you do not have good cause for filing late, your **new, additional, or reopened claim** will be effective beginning the week in which it is filed.
- Whether you use MARVIN or certify for benefits using a different method, checks are all mailed from Lansing.
- **Do not let anyone else certify for you.** If anyone else certifies for you, both you and the other person may be prosecuted.

Contact the Bureau for special instructions if:

- you are in a training program approved by your UC office.
- you are claiming a flexible week.
- you are self-employed and submitting a profit/loss statement.
- you are not able to use MARVIN, for whatever reason.

Eligibility requirements

When you phone MARVIN, you will be asked about your eligibility for the two calendar weeks that ended on the Saturday before your scheduled call-in day. If you are filing your continued claims by mail, you must answer the eligibility questions on your certification-by-mail form.

You must meet the following requirements every week unless they are waived:

1. **Certify for benefits timely.** Certify by calling MARVIN **bi-weekly** or sending in your certification form during the week **following the week(s) you are claiming**. If you do not, your payment may be held up or you may lose your benefits.
Even if you must serve a requalification period or are protesting a denial of benefits, you should keep reporting as instructed.
2. **Register for work.** If you do not have a definite return to work date within 120 days from your last day of work, you must register for work by filing a résumé in the Michigan Talent Bank (MTB) two or three days before your first call to MARVIN **and** report to a Michigan Works! (MWA) Service Center to verify this action. Use form, *Notice to Register for Work*, (UC 1222-M) which can be found in the Forms Section in the middle of this booklet if you are required to register for work. The service center will do all it can to help you find employment. You can call **1-800-285-WORK** for the service center nearest to you.
3. **If selected for the Profiling/Reemployment Services Program**, participate as instructed.
4. **Seek work full time.** You must try to find a job yourself. Filing an application with a Michigan Works! Agency service center is not enough. If a person in your line of work usually finds a job by going in person to an employer's plant, place of business, or employment office; registering with a union; answering help wanted ads; taking Civil Service examinations for government jobs; sending résumés; or by any other method, then you are expected to do the same things to find work.

If the chances of finding a job in your occupation are not good, you should look for other work compatible with your experience, training, and earnings. The longer you are unable to find work in your regular occupation, the more you should look for work in other lines, and the more willing you should be to accept a job that pays less. See item 5 under "**Disqualifications**," in Part One of this booklet.

Keep a log of places you contacted for work, including the date contacted, address, phone number, and person to whom you spoke.

5. **Be able to work full time.** You must be physically and mentally able to work full-time. You must be able to do the kind of work that you did in the past or other work that is in line with your experience, training, and education.

6. **Be available for work full time.** You must be ready and willing to take a full-time job on any shift during which your work is ordinarily performed. If not, you should answer "no" when MARVIN asks you if you were able and available, or when you respond on your certification forms.

The availability requirement will be waived if there is a death in your immediate family. This waiver will begin on the date of the death and continue for 4 additional days. An "immediate family member," in addition to a spouse, includes your (or your spouse's) child, stepchild, adopted child, grandchild, parent, grandparent, brother, or sister. It also includes the spouses of these individuals.

7. **Be unemployed.** This means that you did not work at all during the week(s) for which you are claiming benefits, or, if you worked part-time, your total earnings (not just take-home pay) were less than 1½ times your weekly benefit amount. People who work enough hours to be considered full-time by the employer (generally, but not always, 40 hours a week) are not unemployed and cannot receive benefits even if they earn less than 1½ times their weekly benefit amount. Be sure to answer "yes" if you worked and report your entire earnings before deductions for income tax, pensions, savings bonds, life or health insurance, union dues, etc., even if you have not yet been paid.

We must know your total earnings, not just your take-home pay. Report your **gross earnings for the week(s) you are certifying for**, not the week you receive the wage payment. If you draw benefits for a week(s) or a partial week(s) you were not entitled to, you could be subject to severe penalties.

If you worked on a shift, which began on Saturday and ended on Sunday, the full amount of wages earned on that shift must be included in the week containing the Saturday.

Be sure to report any time you did not report to work as scheduled. Earnings lost because of not reporting as scheduled must be considered in deciding whether you may receive benefits. For example, if you were instructed to return to work on Thursday but you did not report until Friday, the wages lost by not working as scheduled on Thursday would be considered as earned (along with Friday's earnings) in determining whether you are eligible for benefits for that week. In addition, if you have received, or will receive, holiday pay, vacation pay, severance pay, salary continuation, other wage continuation, retirement benefits or automatic short week benefits for the week you are claiming, you must report this to the Bureau.

If you are on a leave of absence from work granted by your employer, either at your request or according to a collective bargaining agreement, you generally would not be considered "unemployed" and would not, therefore, be entitled to unemployment benefits. However, if you are on a mandatory leave of absence based on your employer's policy, you could still be entitled to unemployment benefits if you meet the other eligibility requirements.

If you elect to be laid off, you could be eligible for benefits if 1) your employer is planning a temporary layoff for lack of work; 2) the election to be laid off is an option provided under a collective bargaining agreement or written employer plan; and 3) the employer consents to your election. You must, however, meet the other eligibility requirements.

GETTING STARTED

Before calling MARVIN, there are a few things you need to do:

- (1) Read this entire booklet before you phone-in your biweekly claim. Have your responses ready to enter.
- (2) Use this Schedule of Appointments to find out your appointment time.
- (3) Select your four digit Personal Identification Number (PIN).
- (4) Know the week ending dates for the weeks you are claiming. You must use Saturday's date for the week ending date.

SCHEDULE OF APPOINTMENTS

Your appointment day and time is found by using the last two digits of your Social Security Number. For example:

If your Social Security Number is:

555-55-5511

The last two digits are 11.

- Look at the schedule below and locate the number 11. **Number 11 falls on Monday between numbers 10 and 12.**
- Under the column labeled "TIME," the appointment for number 11 is between the hours of **11:00 a.m. – 12:00 noon**. This is the designated hour during which you **should** phone-in your claim. You may ask questions about payment of your claim at any time.

EASTERN TIME	MONDAY	TUESDAY	WEDNESDAY
8:00 – 9:00	00-01-02-03	34-35-36	67-68-69
9:00 – 10:00	04-05-06	37-38-39	70-71-72
10:00 – 11:00	07-08-09	40-41-42	73-74-75
11:00 – 12:00	10-11-12	43-44-45	76-77-78
12:00 – 1:00	13-14-15	46-47-48	79-80-81
1:00 – 2:00	16-17-18	49-50-51	82-83-84
2:00 – 3:00	19-20-21	52-53-54	85-86-87
3:00 – 4:00	22-23-24	55-56-57	88-89-90
4:00 – 5:00	25-26-27	58-59-60	91-92-93
5:00 – 6:00	28-29-30	61-62-63	94-95-96
6:00 – 7:00	31-32-33	64-65-66	97-98-99

If you are unable to call during your appointed time, you may call on Thursday or Friday between 8:00 a.m. and 7:00 p.m. If you miss your scheduled appointment, you may not receive your check on time.

NOW YOU ARE READY TO MAKE YOUR FIRST CALL TO MARVIN

THREE WEEK PERIOD

Sun	Mon	Tue	Wed	Thu	Fri	Sat	If your Benefit Year begins this week
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Call MARVIN this week

PERSONAL IDENTIFICATION NUMBER (PIN)

In order to claim weeks of unemployment or ask questions about your claim, you will need a **secret Personal Identification Number (PIN)**. Your PIN is a four-digit number that serves as your electronic signature for claiming and receiving unemployment benefits and for obtaining information regarding your claim.

Selecting Your PIN

Prior to calling in the first time, you must decide what you want your four-digit PIN to be. When selecting your PIN, be sure to choose numbers that will be easy for you to remember. If you forget your PIN, or if you believe someone else knows your PIN, contact the Bureau and request that your PIN be changed. **Bureau staff will not know or have access to your PIN.**

In choosing your PIN, for your added security, you should not use parts or variations of your:

- Social Security Number
- Credit Card Numbers
- Birthdate
- Checking or Savings Account Numbers
- Telephone Number
- Address

REMEMBER, YOUR PIN IS YOUR SECRET IDENTIFICATION NUMBER. DO NOT TELL ANYONE YOUR PIN!

Entering Your PIN

When you call MARVIN for the first time, you must enter your chosen PIN. This is how to enter your PIN.

- (1) Dial MARVIN'S Toll-Free Number **1-866-638-3993**.
- (2) MARVIN will begin your process as follows:

PIN SCRIPT

MARVIN: Welcome to Michigan's Automated Response Voice Interactive Network. You can call me MARVIN!

CUSTOMER: If you are using a touch-tone phone – Press 1 now.

MARVIN: To claim weeks of unemployment – Press 1.

To inquire – Press 2.

To listen to helpful hints about MARVIN – Press 3.

To complete the Eligibility Review Process (ERP) – Press 4 (available Thursdays and Fridays only).

If you wish to end this call at any time, just hang up.

CUSTOMER: Make your selection by pressing 1, 2, 3, or 4 on your telephone keypad.

MARVIN: Please enter your Social Security Number now.

CUSTOMER: Enter your nine-digit Social Security Number.

MARVIN: Please enter your chosen four-digit Personal Identification Number (PIN) now.

CUSTOMER: Enter your four digit PIN.

MARVIN: Please re-enter your chosen four-digit Personal Identification Number.

CUSTOMER: Re-enter the same four-digit number to confirm.

MARVIN will allow you three attempts to confirm your PIN. If you cannot do so by the third try, MARVIN will refer you to your booklet and disconnect.

Once you have confirmed your PIN, MARVIN will say:

MARVIN: Your Personal Identification Number is accepted. You should use this four-digit number each time you call.

Once you have successfully entered your PIN, MARVIN will begin the process selected.

USING MARVIN TO PHONE-IN YOUR BIWEEKLY CLAIM

Weeks Claimed

You can only claim the two weeks prior to the week you phone-in. For example:

Looking at the calendar below, if you call MARVIN on **Tuesday, March 22**, you may only claim the weeks ending **Saturday, March 12**, and **Saturday, March 19**. You may not claim the week ending Saturday, March 5. If you are claiming weeks other than the two weeks before the week you phone-in your claim, call the Claimant Customer Relations HOTLINE.

MARCH						
SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Making the Call

MARVIN will ask you a series of questions. **You must answer all questions truthfully. Giving false information, having someone else call in for you, or answering questions for anyone other than yourself is considered fraud. Any benefits you received through fraud may have to be paid back at four times the amount, and/or you may be required to serve a jail sentence, and/or pay a fine, and/or perform community service.**

To answer the questions that MARVIN will ask you, use the keys on your touch-tone telephone keypad:

PRESS	DESCRIPTION
0	TO REPEAT QUESTION
1	FOR "YES"
9	FOR "NO"

When you have completed entering your information, do not hang up until MARVIN says GOOD BYE. This means that MARVIN has completed recording your information. If you hang up before MARVIN tells you GOOD BYE, your check will not be issued.

• • • • •

NOTE: If during your call to MARVIN there is background noise (a loud radio, television, or talking), static on the line, or if you're using a cellular phone and have a bad connection, you may need to hang up and call back. These sounds may interfere with your communicating with MARVIN.

You are now ready to make the call!

(1) Dial MARVIN'S Toll-Free Number **1-866-638-3993**.

(2) MARVIN will begin your process as follows:

MARVIN: Welcome to Michigan's Automated Response Voice Interactive Network. You can call me MARVIN! If you need to file a claim, a mail-in application can be printed from our website at www.michigan.gov/bwuc, or can be picked up at unemployment and many Michigan Works! offices.

CUSTOMER: If you are using a touch-tone phone – Press 1 now.

To claim weeks of unemployment – Press 1.

To inquire – Press 2.

To listen to helpful hints about MARVIN – Press 3.

To complete the Eligibility Review Process (ERP) – Press 4 (available Thursdays and Fridays only).

If you wish to end this call at any time, just hang up.

CUSTOMER: Make your selection by pressing 1, 2, 3, or 4 on your telephone keypad.

MARVIN: Enter your Social Security Number now.

CUSTOMER: Enter your nine-digit Social Security Number.

MARVIN: Please enter your chosen four-digit Personal Identification Number (PIN) now.

CUSTOMER: Enter your four digit PIN .

If you hang up before I tell you GOOD BYE, your check will not be issued. Warning! You must answer all questions truthfully. Giving false information or answering questions for anyone other than yourself constitutes fraud and is punishable by law.

If you need a question repeated, you may press "0" at any time. You must answer all questions by pressing "1" for "Yes," or "9" for "No."

MARVIN will begin the certification process.

These questions apply only for the week(s) you are claiming.

QUESTION #3: WERE YOU ABLE TO WORK FULL-TIME AND AVAILABLE FOR FULL-TIME WORK?

YES > Press 1 if you were able to work and available for full-time work during the week(s) you are claiming.

NO > Press 9 if you were not able to work and available for full-time work during the week(s) you are claiming.

QUESTION #4: WERE YOU SEEKING WORK?

YES > Press 1 if you did seek work during the week(s) you are claiming.

NO > Press 9 if you did not seek work during the week(s) you are claiming.

QUESTION #5: DID YOU QUIT ANY WORK, FAIL TO ACCEPT ANY JOB OFFER, OR GET FIRED FROM A JOB?

YES > Press 1 if you did quit, were fired by an employer, or refused work during the week(s) you are claiming.

NO > Press 9 if you did not quit, were not fired, or did not refuse work during the week(s) you are claiming.

QUESTION #6: DID YOU BEGIN SCHOOL OR TRAINING OR BEGIN RECEIVING A PENSION?

YES > Press 1 if you did begin school, training, or receiving a pension during the week(s) you are claiming.

NO > Press 9 if you did not begin school, training, or receiving a pension during the week(s) you are claiming.

This question applies only for the week(s) you are claiming.

QUESTION #7: DID YOU HAVE EARNINGS, VACATION PAY, HOLIDAY PAY, SEVERANCE PAY, OR OTHER WAGE CONTINUATION PAY? DO NOT REPORT SUB PAYMENTS PAID BY YOUR EMPLOYER.

YES >Press 1.

> MARVIN will ask if you had earnings during the first week you are calling in for.

• *If yes, press 1.* You will be instructed to enter the dollar amount and press the star key (*). For example: If your before deduction earnings were \$137.56, enter only the dollar amount and press the star key (*).

137*

MARVIN will ask you to enter the cents and press the star key (*).

56*

• *If no, press 9.*

> MARVIN will ask if you had earnings during the second week you are calling in for.

• *If yes, press 1.* You will be instructed to enter the dollar amount and press the star key (*). For example: If your before deduction earnings were \$75.00, enter only the dollar amount and press the star key (*).

75*

MARVIN will ask you to enter the cents and press the star key (*).

00*

• *If no, press 9.*

NO > Press 9.

NOTE: If your earnings are from vacation pay, please call the Claimant Customer Relations HOTLINE after completing the call to MARVIN.

QUESTION #1: ARE YOU BACK TO WORK FULL TIME?

YES > Press 1 on your keypad.

> You will be asked to enter your back-to-work date. You must enter six digits, 2 for the month, 2 for the date, and 2 for the year (070502).

> MARVIN will repeat the date you entered.

• *If this date is correct, press 1.*

• *If not, press 9.* MARVIN will repeat the question.

You may enter the correct date.

NO > Press 9 on your keypad. MARVIN will ask question #2.

QUESTION #2: ARE YOU CLAIMING BOTH WEEKS ENDING SATURDAY, MM/DD/YY AND SATURDAY, MM/DD/YY?

YES > Press 1.

MARVIN will go to question #3.

NO > Press 9.

> MARVIN will ask if you are claiming benefits for week #1. MARVIN will give you the week ending date.

• *If yes, press 1.* • *If no, press 9.*

> MARVIN will then ask if you are claiming benefits for week #2. MARVIN will give you the week ending date.

• *If yes, press 1.* • *If no, press 9.*

> If your response was "No" for weeks #1 and #2, and you are claiming other weeks, you must contact the Claimant Customer Relations HOTLINE.

If your response was "Yes" for one or both weeks, MARVIN will ask question #3.

If you are an ex-servicemember, MARVIN will ask the following question. If you are not, MARVIN will skip this question.

Question applies only to ex-servicemembers.

QUESTION #8: DID YOU BEGIN RECEIVING A SUBSISTENCE ALLOWANCE FROM THE DEPARTMENT OF VETERANS' AFFAIRS FOR VOCATIONAL REHABILITATION TRAINING, SURVIVOR'S OR DEPENDENT'S EDUCATIONAL ASSISTANCE, OR SPECIAL ASSISTANCE FOR THE EDUCATIONALLY DISADVANTAGED?

YES > Press 1.

NO > Press 9.

After you have answered all of the questions, MARVIN will repeat the information that you have entered. MARVIN will then ask:

If the information is correct DO NOT HANG UP! > Press 1

If any information is not correct > Press 9

MARVIN will repeat questions 2 through 7. If you are an ex-servicemember, question 8 will also be repeated. If information still is incorrect, MARVIN will hang up. Review instructions in your booklet and call back. If you continue to have problems, contact the Claimant Customer Relation HOTLINE 1-800-638-3995.

If you are eligible for benefits, MARVIN will tell you the dollar amount and the date your check will be mailed. If you do not agree with the amount of your check, contact the Claimant Customer Relation HOTLINE 1-800-638-3995 immediately. If your check is not payable, MARVIN will accept your information and tell you what to do next.

MARVIN will then tell you GOOD BYE. Remember, DO NOT HANG UP UNTIL MARVIN SAYS GOOD BYE. If you hang up before you hear the words GOOD BYE, your information will not be recorded and no check will be sent. You must call back and begin the process over again.

If after completing your call you find that you made an error, you must contact the Claimant Customer Relation HOTLINE 1-800-638-3995. If possible, call on the same day the error was made.

USING MARVIN TO ASK QUESTIONS ABOUT YOUR CLAIM

When you have questions concerning your claim, MARVIN will assist you. MARVIN can give you information such as the **date your last check was mailed, the amount of your last check, the number of weeks already paid, and the number of payments you have left.**

You may call MARVIN to ask questions about your claim anytime Monday through Friday between the hours of 8:00 a.m. and 7:00 p.m.

To ask MARVIN questions about your claim:

(1) Dial MARVIN'S Toll-Free Number **1-866-638-3993**.

(2) MARVIN will begin your process as follows:

MARVIN: Welcome to Michigan's Automated Response Voice Interactive Network. You can call me MARVIN!

CUSTOMER: If you are using a touch-tone phone – Press 1 now.

MARVIN: To claim weeks of unemployment – Press 1.

To inquire – Press 2.

To listen to helpful hints about MARVIN – Press 3.

To complete the Eligibility Review Process (ERP) – Press 4 (available Thursdays and Fridays only).

If you wish to end this call at any time, just hang up.

CUSTOMER: Make your selection by pressing 1, 2, 3, or 4 on your telephone keypad.

Press 2 to inquire about your claim.

Please enter your Social Security Number now.

Enter your nine-digit Social Security Number – XXX XX XXXX.

MARVIN: Please enter your chosen four-digit Personal Identification Number (PIN) now.

CUSTOMER: Enter your four digit PIN – XXXX.

MARVIN: If you would like to know the last payment date and check amount > Press 1.

If you would like to know the balance of weeks payable > Press 2.

If you would like to know the date of the most recent certification > Press 3.

To end the call > Press 4.

If you would like to certify, you will need to call MARVIN back.

CUSTOMER: If you press 1, MARVIN will say:

Your last pay date is _____ for the amount of \$_____. Please allow at least ten working days from the time you phone-in your certification before you inquire about your benefit check.

If you press 2, MARVIN will say:

You are entitled to _____ weeks. Your balance is _____, and the number of weeks that you have already been paid is _____.

If you press 3, MARVIN will say:

Your last certification was for the week ending _____.

If you press 4, MARVIN will say:

GOOD BYE and disconnect.

All three choices will repeat after MARVIN answers your question.

MARVIN: Your comments about the automated service, MARVIN, are appreciated. Please send them to: MARVIN, 3024 W. Grand Blvd., Suite 12-300, Detroit, Michigan 48202. — Thank you.

HELPFUL HINTS

If you cannot certify during your appointment hour because the system was not available, your specific appointment time requirement is automatically waived for the week, but you must still call back sometime during normal operating hours in that week.

Sometimes the phone lines are busy at the beginning of the appointment hour. You might try calling a few minutes later during the appointment hour.

ELIGIBILITY REVIEW PROGRAM (ERP)

You may be selected for the Eligibility Review Program (ERP) program based on the length of your continuous unemployment. The ERP is intended to help you identify and remove barriers which prevent you from returning to gainful employment and reduce the duration of your unemployment. If you are selected, you will receive *Eligibility Review Questionnaire* (UC 1726-S) in the mail. To complete the ERP timely, call MARVIN and select Option 4 on the first Thursday or Friday (but within 21 days of the mail date) after receiving the form. Benefit payment will continue without delay if the ERP is completed timely and all questions are answered in a manner which does not indicate a possible ineligibility.

If selected, you must call MARVIN to complete the ERP **in addition** to your regular MARVIN certification day and time to continue receiving benefit payments. If you do not call MARVIN to complete the ERP, you must call the Claimant Customer Relations HOTLINE to complete *Eligibility Review Questionnaire* (UC 1726). You will not be eligible for future benefits until the ERP requirement is satisfied.

QUICK CERTIFICATION METHOD

After using MARVIN a few times, these condensed instructions provide a quick method of certifying for weeks of unemployment.

1. Call MARVIN's Toll-Free Number **1-866-638-3993**.
2. Enter your Social Security Number using the keypad on your touch tone phone or a phone with a tone-pulse switch (the switch must be set on tone).
3. Enter your four digit Personal Identification Number (PIN). Do not write your PIN in this booklet.
4. **Press 1** to claim weeks of unemployment.
Press 2 to inquire about payment on your claim.
Press 3 for Helpful Hints about MARVIN.
Press 4 to complete the Eligibility Review Process (ERP) (available Thursdays and Fridays only).
Hang up to end the call at any time.
5. MARVIN will ask you several questions. Answer these questions by pressing:
 - **1** if your answer is YES.
 - **9** if your answer is NO.
 - * Press the star key after entering the dollar amount and the cents.
\$150.20 = Enter dollar amount: 150*
Enter cents amount: 20*
 - When entering dates, do not leave spaces – 072502
6. MARVIN will repeat all of your answers.
 - **Press 1** if all of your answers are correct.
 - **Press 9** if any of your answers are wrong. The questions will repeat once more.

After three failed attempts to enter the correct information, MARVIN will tell you to review your handbook or contact the Claimant Customer Relations HOTLINE 1-800-638-3995 for assistance.
7. MARVIN will tell you the date your check will be mailed and the dollar amount. If your check is not payable, MARVIN will tell you what to do next.
8. Do not hang up until MARVIN tells you **GOOD BYE**.

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State of Michigan
Department of Consumer & Industry Services
BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION

OFFICIAL CALENDAR

2002							
	S	M	T	W	Th	F	S
JAN	30	31	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31	1	2
FEB	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	1	2
MAR	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
APR	31	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
MAY	28	29	30	1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
JUN	26	27	28	29	30	31	1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
JUL	23	24	25	26	27	28	29
	30	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
AUG	21	22	23	24	25	26	27
	28	29	30	31	1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
SEPT	18	19	20	21	22	23	24
	25	26	27	28	29	30	31
	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
OCT	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	1	2	3	4	5
	6	7	8	9	10	11	12
NOV	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31	1	2
	3	4	5	6	7	8	9
DEC	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
	1	2	3	4	5	6	7

2003							
	S	M	T	W	Th	F	S
JAN	29	30	31	1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	1
FEB	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	1
MAR	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
APR	30	31	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
MAY	27	28	29	30	1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
JUN	25	26	27	28	29	30	31
	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
JUL	22	23	24	25	26	27	28
	29	30	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
AUG	20	21	22	23	24	25	26
	27	28	29	30	31	1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
SEPT	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
	31	1	2	3	4	5	6
	7	8	9	10	11	12	13
OCT	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	1	2	3	4
	5	6	7	8	9	10	11
NOV	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	1
	2	3	4	5	6	7	8
DEC	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	1	2	3	4	5	6

2004							
	S	M	T	W	Th	F	S
JAN	4	5	6	7	8	9	10
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	18	19	20	21	22	23	24
	25	26	27	28	29	30	31
	1	2	3	4	5	6	7
FEB	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	1	2	3	4	5	6
MAR	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31	1	2	3
APR	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	1
MAY	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
JUN	30	31	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
JUL	27	28	29	30	1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
AUG	25	26	27	28	29	30	31
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	15	16	17	18	19	20	21
SEPT	22	23	24	25	26	27	28
	29	30	31	1	2	3	4
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OCT	19	20	21	22	23	24	25
	26	27	28	29	30	1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
NOV	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
	31	1	2	3	4	5	6
	7	8	9	10	11	12	13
DEC	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	1	2	3	4
	5	6	7	8	9	10	11

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Call Toll-Free @ 1-866-638-3993

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Jennifer M. Granholm,
Governor



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Department of Consumer & Industry Services
Bureau of Workers' & Unemployment Compensation
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Authority: MCL 421.1, et seq.
Quantity: 40,000 – Cost: \$10,400 – Cost per Copy: 26¢
Paid for with Federal funds.

UC 1905
(Rev.1-2003)

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